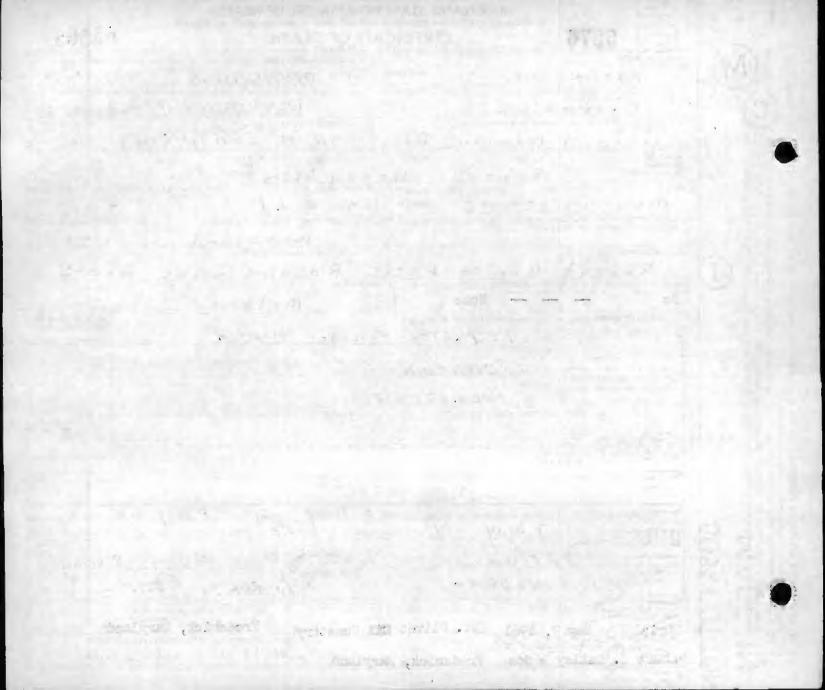
MARYLAND STATE DEPARTMENT OF HEALTH

ATTENDED AND ADDRESS OF STREET The state of the s Policy Company of the THE THE PROPERTY WELL ATTEMPT TO THE TANK OF THE PARTY. the state of the s 1 7 32 Arabi you along the second of the along the along and the bouldest software and experience of the



6 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mays after death. Page 4 may be made by the haspital or attending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and complemely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 bours after death.

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

TE OF DEATH	655
2. USUAL RESIDENCE (Where deceased lived. If institu	ition: Residence before adn

o. COUNTY Frederick	MARYLAND	o. STATE Maryla	- b.	COUNTY **	ntgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		its, write RURAL and	d give nearest town)
Prederick d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Frederick Memorial Hospi		d. STREET ADDRESS	ONA		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle LESLIE	ANDERSON	4. DATE OF DEATH	Month May	Doy Year 19 1961
S. SEX 6. COLOR OR RACE 7. MARRI  Male White WIDOWE		B. DATE OF BIRTH March 5. 1873	lost	(In years   IF UND! birthday) Months	ER I YEAR IF UNDER 24 HR Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  Farmer  F	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryla		12.0	USA
13. FATHER'S NAME  Thomas A. Anderson		14. MOTHER'S MAIDEN N	_		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Frank Linth	ieum Hys	Address	Maryland
□ OR CONTRIBUTING	CONTRIBUTING TO DEATH BUT  LYPETOPH  RIBE HOW INJURY OCCURRE	in with me	rings o	retente	ART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Manth, Doy, Year 20d. IN Haur a. m. While	Not while fa	ACE OF INJURY (Home, form clory, street, affice bldg., etc.			(County) (State
sow the deceased plive an 5/18  220. SIGNATURE  Levy V- C  220. PHYSICIAN'S		M.D. ATTENDING ME DIS 22d. ADDRESS		auses and an t	
Henry V. Chase  230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	M.D.		rch Stree	t, Freder	
				ity, town, or county	(State)

A A 1107 July 12 15 THE REAL PROPERTY. Predering To be the Division of the conthat is more Jensil David Thomas a suggest orallies a continue lighteriana, a prium appear to the state of the stat and the contract of the contra the water the state of the stat 100 miles 12 AND STORES THE RESIDENCE OF THE PARTY OF THE A TEST TO SEE THE SECOND SECON the fact that the second secon house the season and the method of a

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours after deoth. If any delays is necessary, please executed certificate, writing the word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the feet director. Page 4 shaws are forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remard, and in any event within 72 hours after death.

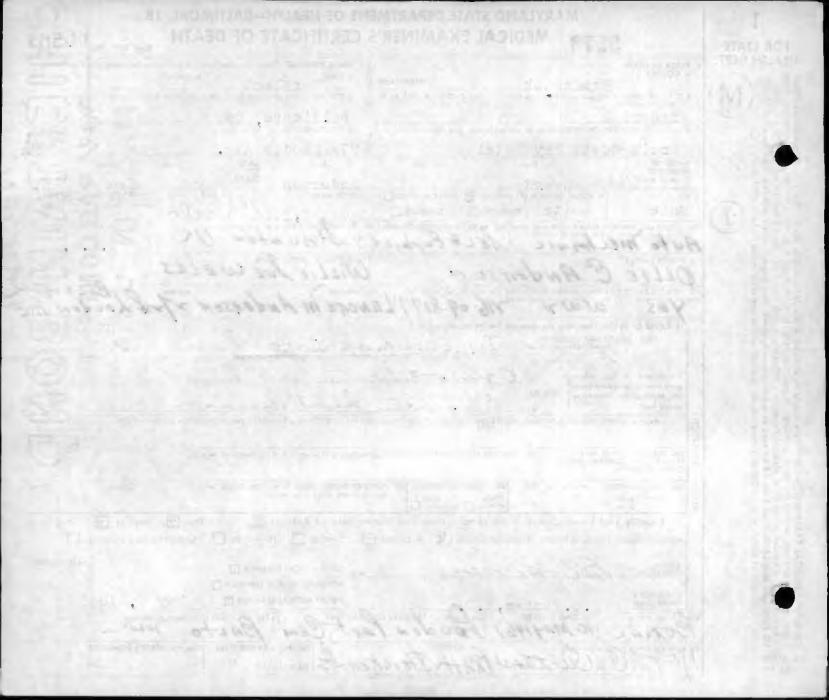
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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5578

	Dist		11	5	Pr	63	thy.
ne	Dist	No	U	U	2)	U	6

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
" o. COUNTY Frederick MARYLAND	o. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write EURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give meanest town)
Frederick	Baltimore 29
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d: STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Francis Scott Key Hotel	272 Loudon Ave. YES NO R
3. NAME OF First Middle OF Street Middle OF Street OF St	Anderson DEATH May 6 1961
P FOWAIO	DATE OF BIRTH 9. AGE (In years   IF UNDER 1YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED A	ugust 6.1906 · 547 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Spring goal of working life, jeven if retired)  HUTO MECHONIC	TI. BIRTHLACE (Stote or foreign country) (12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OF ANDERSON	WILLIE JUE WELLS
(Yes, ne, or unknown) 3 (if yes, pive was or dates of recysted.   /- /-	NORE M. ANDERSON TING LOUDON AME
TIB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	INTERVAL DELWEEN
PARE I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) MY OCCURE	ex sujary
DUE TO T	~ 2 + 1
Conditions, if any, which gove rise to immediate couse (b)	olic heart drease
(e), slating the underlying DUE TO	D + 1
couse last. (c) remalic	hear duran
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Ed. CAUSE OF DEATH.)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES FOR 150 [
200 ENTERNAL CALLER WAS 200 DESCRIPE HOW INTRIDA OCCUPANT IN	nter nature of injury in Part I or Part II of item 18.)
	The court of the control of the court of the
Hour o. m. While Not while facto	E OF INJURY (Home, form, 20f. (City or town) (County) (Stofe) ry, street, office bldg., etc.)
p. m. 19 of work of or work 121. 1 certify that I took charge of the remains described above	
21. I certify that I fook charge of the remains described above	
opinion death resulted from: Notural causes 🔀 Accident	, Suicide , Homicide , Undetermined manner
ACTUAL RIP	CHIEF MEDICAL EXAMINER [7]
SIGNATURE SUCCESSION SIGNATURE	_M.D.
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER May 7, 1961
220 BIRIAL CREMATION, 22b. DAYE THEREOF 22c MAKE OF CEMETERY OR SOME AND STATE OF CEMETERY OF STATE OF	GREMATORY CEM 194 LTO MC (Stote)
23 FUNERAVOIRECTORS SIGNATURE ADDRESS L	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
11011 Walters PRATTY Strick	ER ST DATEMAY 9 161 Chilling S. Krana



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COLINTY ould be executed within 24 hours after death. If are any is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page in pencil in Item 18. Give Pages 5 may be retained for your files. a. STATE b. COUNTY of Health, Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL end give neerest town) State Board of | Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d. STREET ADDRESS age 5 may be retained for 1 and 2 with the State Bo 72,400% after death. Frederick Memorial Hospital 8-A Watkins Acres NAME OF Middle DATE DECEASED (Type or print) RINGOLD ANDERSON DEATH WILLIAM 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR lest birthdey) 1884 Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) pages 1 Maryland Retired RailRoad Eng. RailRoad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Stansbury George Anderson event IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Margaret E. Anderson-Same as Item #2 Office along with burial-transit perm No MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ! .5 PART J. DEATH WAS CAUSED BY. removal, and IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to Immediate cause "pending" asse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TA CAUSE OF DEATH. 20s, PLACE OF INJURY (Homa, farm, ! 20f, ICity or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While factory, street, office bidg., etc.) at work at wark 19/ 21. I certify that I nook charge of the remains described above, held an Autopsy T Inspection XI. Inquiry X Natural causes Accident V Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER B. O. Themas, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 4 should 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Specify) Frederick, May 18,1961 Mount Olivet Cemetery Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS MAY 1 9 '61 arthur S. Trave M. R. Etchisen & Son, Frederick, Maryland 5M 7/59 DATE

Frederick

e. IS RESIDENCE ON A FARM?

61

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

CICALO

PERFORMED? YES IN NO [

(State)

DATE SIGNED

1961

(Steta)

USA

(County)

IF UNDER 24 HRS

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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/	o, COUNTY Fr	ederiek	MARYLANI	O STATE		vland	COUNTY	Frederic	
	b CITY OR TOWN (If outside RURAL and give nearest to Middleterm—Ru	wn)	c LENGTH OF STAY IN 11	c. CITY		outside corporate lim		L and give nearest	town)
	d NAME OF HOSP TAL (If no OR INSTITUTION NEAT JETTERS)	t in haspito , give street	address)	A	et address Vear Je:	fferson		. 0	RESIDENCE ON FARM?
	3. NAME OF DECEASED (Type or print)	First HARRY	DAVID	A	Lost LINE	4. DATE OF DEATH	May Marth	16,	19 61
		ite 7 MARI	RIED NEVER MARRIED [		per 2,	- Ind.		LINDER I YEAR IF L	JNDER 24 HRS
	10a USUAL OCCUPATION (Give during most of working life, Retired Mech.	kind of work done 10b even if retired)	RailRoad		Rex	AZEME ATL		USA	ATCOJNTRY?
	13. FATHER'S NAME  Day	id Eli Axli	30 30		er's maiden i <b>artha E</b>	. Green			
	15 WAS DECEASED EVER IN U. (Yes no. or unknown) (H yes, giv	e war or dates of service		informant r. Lee T	V. Ax <sub>l</sub> i	ne-Same a	Address B Item	#2	
	Conditions, if ony, whi gove rise to immedia couse (a), stating the undilying couse lost.	CAUSED BY: IATE CAUSE (a)  DUE TO  th lee  DUE TO  (c)	Cl 12 th M C	.1	Ener.	PLACES CONE		Sefercy	VAS AUTOPSY ERFORMED?
	YES ☐  20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year Hour a. m.  40 While Nat while of work of work of work of work of work of work of work.							(State)	
	saw the deceased ali 220 SIGNATURE	h-/	Brice.	M D ATTEN PHYS 22d Al	DING M M	M, from the co	auses and c		
	23g. BURIAL CREMATION, 23b REMOVAL (Specify)	DATE THEREOF	23c NAME OF CEMETERY St. Mark's			23d. LOCATION (C		tounly) Mary	(Stote) Land
ь	24 FUNERAL DIRECTOR'S SIGNA M. R. Etchise	_	ADDRESS rederick. Mary	land		D BY REGISTRAR		AR'S S GNATURE	



ofter death. Page 4 y the funeral director, 2 should be filed with O HOSE TALOR ATTENDING PHYSICIAN: The low importes that the death certificate by executed within 24 may be used by the haspital or attending physician.

D FUNE IRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL moy be

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	55	81		CER	TIFICA	TE OF D	EATH				1,1	557	(a
ī.	PLACE OF DEATH	erick		ı	MARYLAND		laryla		b. COUNT		deri	-	ion)
	CITY OR TOWN (IF RUPAL and give ne Frederic	outside corporate limi grest town) K	ts, write	c. tENGTH OF	STAY IN 16	n _	TOWN (If o		role timits, write	RURAL and	give nec	rest town	)
	d. NAME OF HOSPITA OR INSTITUTION Frederic	AL (If not in hospital, q k Memorial	Hosp	oddress) pital		d. STREET A		ilton	Avenue				FARM? NO X
	NAME OF DECEASED (Type or print)	EMMA Fin	st E <b>LIZA</b>		ANE B	AGENT	ıl	4. DATE OF DEATH	Mo	May_	20,		9 61
5.	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER A	AARRIED T	B. DATE OF BIRT	189 <b>6</b>		9 AGE (In years last birthday) 65 yrs	Months	R I YEAR	Hours	R 24 HRS Min.
10c	USUAL OCCUPATION during most of work House-wor	N (Give kind of working life, even if retired	done 10b.	At Hone	ESS OR INDU		LACE (Stote o		ountry)	12 CI	TIZEN OF	WHATC	OUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	John W. B	agent				Man	ry Bag	ent					
15 [Ye		PIN J. S ARMED FOR		SOCIAL SECURIT		NFORMANT	Pagen	+ (0		tem #	(0)		
	Alv			None	יט	oseph C.	pagen	to (be	ame as i	COM 77	-/		
		TH [Enter only one co	use per li	ne for (o) (b), on	id (c) 1			- 1			INTE	RVAL BE	TWEEN
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)(	LIPERS	lee	an	non	سياصصر			1/20	Carolin	#
		/ DUE TO	)										
	Conditions, if ar		)										
	gave rise to in couse (a), sloting (		)										
_	lying couse lost.	) (c											
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING T	O DEATH BU	T NOT RELATED TO	O THE TERMI	NAL D SEASI	E CONDITION G	IVEN IN PA	\RT 1(o)   1	PERFO YES D	RMED?
	20a. ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DE\$	CRIBE HOW INJU	URY OCCURR	ED. (Enter nature o	of injury in F	Part For Per	t I of item 1B)				
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Y Manth, Day, Ye	White at wor	NJURY OCCURRE Not while k at work [		LACE OF INJURY I actory, street, offic			or town)		(County)		(Stote)
		t (I) (this haspita ed alive on)				death accurre			The causés a				
	220. SIGNATURE	136	2/	,	7-4	M.D ATTENDIN			STAFF PHYS	2		221	DATE GIGNED
	22c PHYSICIAN'S NAME (Type)	B. O. Thom	as, l	4. D.		22d ADDR 228		ket S	t., Fred	lerick			
230	BURIAL CREMATIO	5-23-61				t Cemete	ry		ron (City, town			(Stat	e}
24.	FUNERAL DIRECTOR"	s signature ison & Son	, Fre	ADDRESS ederick,	Maryl	and		BY REGIST		SISTRAR'S S			

allen S. Krus

DATE MAY 24



IICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay, is necessary, please	olegie +
tificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the full director. Pag	
rwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	
RECTOR: Page III shavi II be and III a basightransis II marmit. File pages I and 2 with the State Board of Health	
ed mgent, prim to burial, crematian, ur remayal, and in any must within 72 hours after death.	ST H

*	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STATE	5582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.U 5571
EALTH DEPT.	PLACE OF DEATH  COUNTY  COUNTY  COUNTY  CATTOIL  Frederick  MARYLAND  COUNTY  CATTOIL  COUN
in it is a second of the secon	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  cod give nearest town) Hrederick  DOLLAR RURAL - Mt. Airy
for y	Frederick Mem. Hospital give street address)  R. D. 4
the State for deat	3. NAME OF DECEASED (Type or print)  5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  9 AGE (A Year) [FLINDER 14 AR IF UNDER 24 HI
and a may	S. SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED B DATE OF BIRTH  9 AGE (1 years left Under 14 high big
G. Poge es 1 and Mithin 72	Store OperatorGeneral Merchandise Maryland U. S. A.  13. FATHER'S NAME  U. S. A.
I I I I I I I I I I I I I I I I I I I	Oscar I. Baker  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If you, may are doing of service)  Address
olang with	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Gun shot wound right chest
rr's Office	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying DUE TO
Can a man	cousa lost. (c) right kidney
col Exo	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? YES NO
ef Medi	200. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH.  20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c, PLACE OF INJURY (Home, form, 120) (City or town) (Store
the Chi	9 P. Mrs. May 18,1961 of work of work Store Ridgeville, Carroll, Md
uded to	21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry XI. and in manifold apinion death resulted from Natural causes
forward and a second	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER MAY 19, 1961
desir	NAME (Type) B. O. Thomas, M. D. DEPUTY MEDICAL EXAMINER
4 sha	220. BURIAL CREMATION, 220 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State)
5	Burial May 22, 1961 Pine Grove Cemetery Mt. Airy, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S S GNATURE

C. M. Waltz, Winfield, Maryland



after death. Page 4

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

Challing & Frank

3 3 3	CEKTIFICA	IE OF DEATH		
PLACE OF DEATH	,	2. USUAL RESIDENCE (Where d		: Residence before admission)
Frederick	MARYLAND	o. STATE	b. COUNTY	Baltimore Cit
b CITY OR TOWN (If autside carporate imits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RU	
RURAL and give nearest town) Sabillasville	34 months	Balt.	imore City	CIV OI -
d. NAME OF HOSPITAL (If not in hospital, give street	gddress)	d. STREET ADDRESS	THOIC OF CY	e. IS RESIDENCE
OR INSTITUTION	TT 3 4 7	3323 Paine	Str. Hamnd	ON A FARM? YES NO NO
Victor Cullen State	Hospital Middle		DATE Month	· · · · · · · · · · · · · · · · · · ·
(Type or print) Fred	*		OF	/
		B. DATE OF BIRTH	9. AGE (In years I	2 1967 FUNDER 1 YEAR IF UNDER 24 HRS.
Ma Wha widowi	The state of the s	0 -1 0	last birthday)	Months Days Haurs Min.
0a USUAL OCCUPATION (Give kind of work done 10b		0-21-70		12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)			G • 1	
Janitor at Metal Comp.	Cleaning	Baltimore 14. MOTHER'S MAIDEN NAME	City, Ild.	US
		_		
John C. Beck s was deceased ever in u. s. armed forces? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT KOSE	Fisher Addre	86
Yes, no, or unknown)     If yes, give war or dates of service)				•
	L5-07-6621 R	ecords of Vic	tor Cullen	Hospital, Md.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:	ne lai (o), (o), and (c).			ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.		002		
, (c)	onTRIBUTING TO DEATH BUT		DISEASE CONDIT ON G VE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING   20b DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I	ar Part II af Item 18 )	
20c TME OF INJURY Manth, Day, Year 20d. II Haur a. m., While p. m. 19 at war	Nat while fa	ACE OF INJURY (Hame, farm, 20 ctary, street, affice bldg., etc.)	f (City ar lawn)	(Caunty) (State)
21 I certify that (I) (this hospital) attend	led the deceased fram.	7-18-58 12	ta5~2~	_, 19.6 <b>]</b> , that (I) (we) last
saw the deceased alive an 5-2-	1961 , and that a	leath occurred 8 15/81	from the couses and	an the date stated above.
220 SIGNATURE CHARLES, 5	dins	M D PHYS DIRECTO	STAFF _	5-2-61. SIGNED
22c. PHYSICIAN'S NAME (Type) Michael G. 2	avis	Victor Cul	len State I	Mo. Hospital, Cull
30 BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d	LOCATION (City, town, or	county) (State)
Burial May 5,1961	Lorraine Pa	rk E	Balto, Co.	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY		RAR'S SIGNATURE
Paul E. Chenoweth Jr 3617	Chestnut Ave.	DATE MAY	4 '61 (1.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 H may be led by the hospital ar attending physician.

TO FUNER State Section and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health priar ta burial, remartian, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



M. R. Etchison and Jon, Inchesick, Maryland

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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haspital or attending physician. After this certificate has been signed

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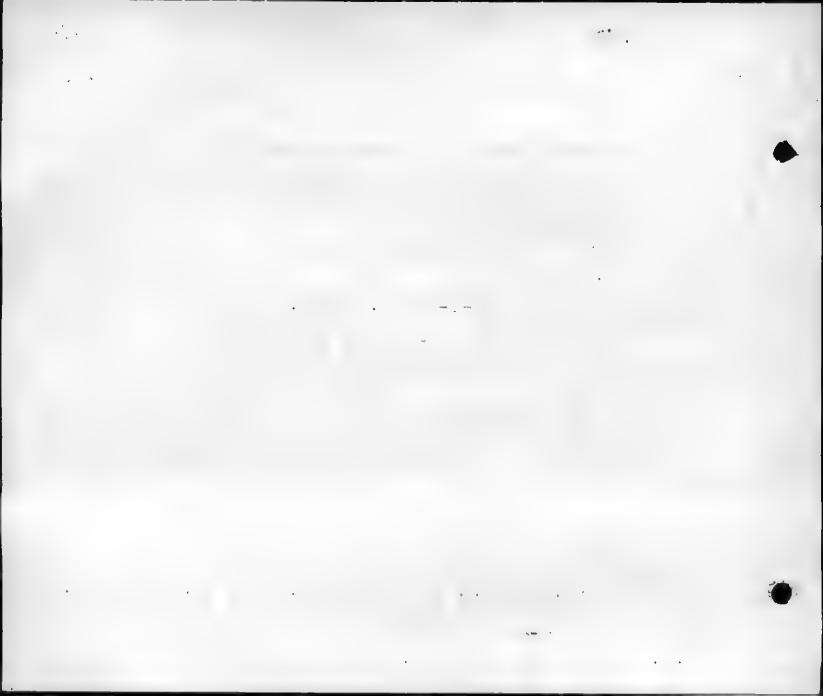
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DIRECTOR:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH n. COUNTY g. STATE **b.** COUNTY MARYLAND Frederick Maryland Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) Years Frederick Frederick d. NAME OF HOSPITAL (If not in haspital, give street address) / d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO R Frederick Memorial Hospital West South Street NAME OF 4. DATE Day First Middle Last Month Year OF DECEASED RP \* SHEARS DEATH 1961 (Type or print) HELEN MARGURETE May IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years SEX 6. COLOR OR RACE 7. MARRIED [X] NEVER MARRIED [ B. DATE OF BIRTH last birthday) Months Days Haurs DIVORCED [ August 11, 1915 Female WIDOWED | 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA House work Maryland House-wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jesse Fogle Resta L. Delauter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Alfred F. Brashears Same as item #2 5566 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART # DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) [19, WAS AUTOPSY PERFORMED? YES 🔯 NO 🗌 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of item 18.) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) (State) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work 🔲 at work p. m. 1961, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. . 19.64, and that death accurred at 4: M from the causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE 5 GNED ATTENDING h Mav MD PHY5 DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Morth Market St. Frederick, Md. Rex R. Wartin M.D. 23g BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 1961 Moryland Mar 6. Mount Olivet Cemeterv Froderick Rurial 25b REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE

page 3 sh the State E TO FUNER VR A15 (4) 15M 9/59



fter death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbom pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

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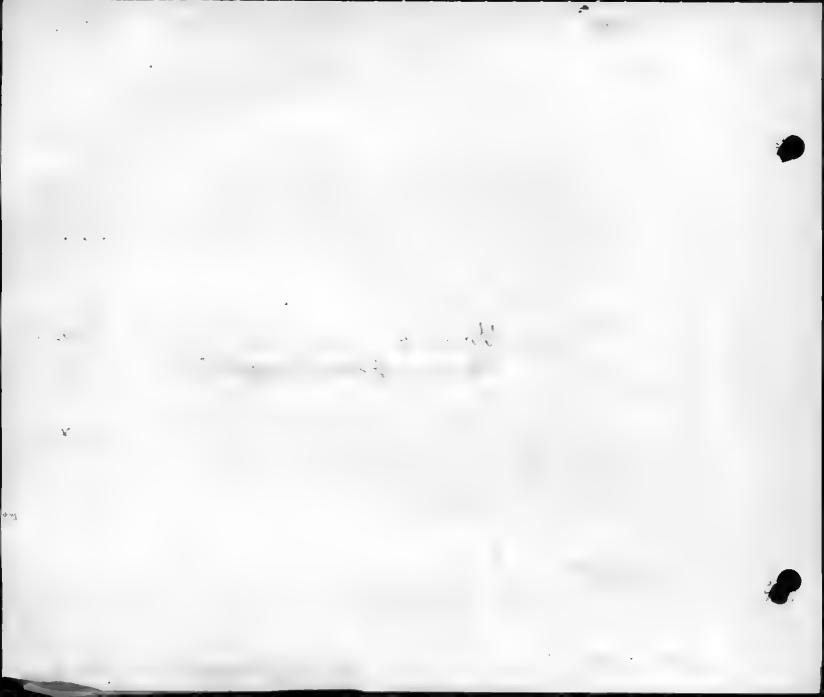
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH D. CODWE derick	MARYLAND	2. USUAL RESIDENCE (Where decease of BIATY Land	ed lived. If institution Res b. COUNTY P					
b. CITY OR TOWN (If outside carporote limits, w RURAL and give nearest town) Frederick	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Frederick						
d NAME OF HOSPITAL (If not in hospital, give or in the control of	street oddress) Lal Hospital	d street address 309Broadway	1	e is residence On a farm? YES NOTE				
3. NAME OF First DECEASED (Type or print)	Mad Duvall	LOST 4. DATE OF DEATH	Month 5	21 19 6				
Hemole nemno	MARRIED NEVER MARRIED DOWED DIVORCED	8-22-1923	Josephorethology Mon					
100 JSUAL OCCUPAT ON (Give kind of work done daying not of weeking life, even if retired)	10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign Maryland	country) 12	U.S.A.				
Charles Duvall		Myrtine Course	ey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES:  (Yes. ne. or unknown)  (If yes. give wor or dates of service		Wytrine C. Jack	Address son 309 Br	oadway				
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate couse (a), stating the under-fying couse lost.  Canditions, if any, which gove rise to immediate couse (a), stating the under-fying couse lost.	Chronie gl	Comerulonephi		INTERVAL BETWEEN ONSET AND DEATH    GASTIAN  PART I(a) 19 WAS ALITOPS:				
САТІО		D. (Enter noture of injury in Port 1 ar Po		PERFORMED? YES NO				
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Not while at wark of wark to the state of wark to the state of wark to the state of the								
21 I certify that (I) (this haspital) attended the deceased fram. 6 1 1951, to large 71, 19 61, that (I) (we) los saw the deceased alive an Malay 21 19 61, and that death accurred at M. fram the causes and an the date stated above 220 s GNATURE  M.D. PHYS. MED DIRECTOR STAFF 5 GNE  22c PHYSICIAN'S NAME (Type) + hum 45 E. STAFF 22d. ADDRESS  NAME (Type) + hum 45 E. STAFF 22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. ADDRESS  23d. AMME OF CEMETERY OR CREMATORY  REMOVAL SOBORY 1 5 - 2 6 - 2 1 Has in M.								
REMOVAL FROM 5-26-01  24 EUNERAL DIRECTOR'S SIGNATURE  C. E. HICK	Fairview Frederick -/	250 REC'D BY REGI	STRAR 25b REGISTRAR					

TO HOSPIT VR A1S (4) 15M 9/59 The same of



RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Pages 1 after death

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE MARYLAND Frederick

c. LENGTH OF STAY IN 16

one day

Mary Land

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)

b. COUNTY

Braddock Heights d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

d. STREET ADDRESS

Frederick e. IS RESIDENCE ON A FARM? YES D NO FE

	V Intolopona	LUONYZ LOSI	cent floor	9	622 JM	LITAT	y Koad		163	1 110 0
	NAME OF DECEASED	Fire	s#	Middle	(as)	4. DATE	Mont	h	Day	Year
	(Type or print)	Vir	rgil	Lee	Brown	DEATH	May	5. 196	1	19
J	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UND	1
	Male	White	WIDOWED 7	DIVORCED [	12-17-1876		lost birthdoy) yrs	Months Day	s Hours	Min
De	during most of working	N (G ve kind of work on life, even if retired)	lone 10b. KIND (	OF BUSINESS OR INDU		or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY

Marshall Co. Kentucky

14. MOTHER'S MAIDEN NAME Civil Service Reitred

None

Dr. James W. Brown

U.S.A.

Frederick

13 FATHER'S NAME

No

CERTIFICATION

MEDICAL

Thomas Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO.

Mary Lee 17. INFORMANT Address

Military Rd. Fred.

18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c)-)	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	Unteroselizate heart assesse	ONSET AND DEAT
Conditions, if ony, which gove rise to immediate cause (o), stating the under:    lying cause lost.	Simility	h, notes

PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.

PERFORMED? YES NO X

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)

20c. TIME OF INJURY Month, Doy, Year Hour o. m.

p. m.

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

21 I certify that (1) (this hospital) attended the deceased from

AM, fram the causes and on the date stated above , and that death accurred at /

195 7 to 5 - 5 - 196/, that (1) (we) last

saw the deceased alive on. 22º SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS MED. STAFF PHYS.

Paducha.

22b DATE SIGNED

22c PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Dr. Rex R. Martin

M.D.

GRAPS.

23c. NAME OF CEMETERY OR CREMATORY

220 North Market Street Frederick, Md. 23d. LOCATION (City, town, or county)

(Stote)

5<u>-8-1961</u> Burial 24 FUNDERL BIRECTOR'S SIGNATURECE

23a BURIAL, CREMATION, 23b. DATE THEREOF

**ADDRESS** 

Frederick, Maryland

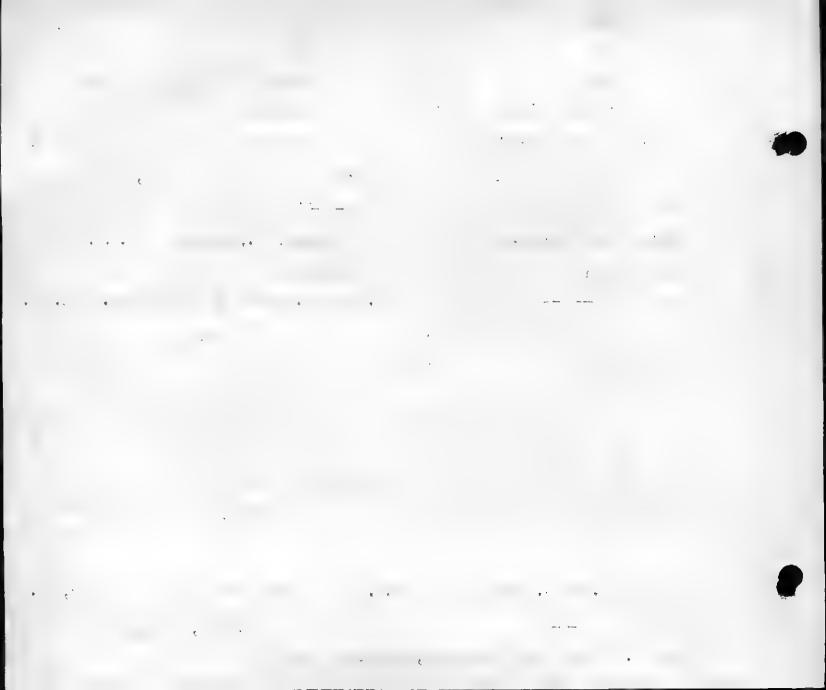
250. REC'D BY REGISTRAR DATIMAY 8

C. That S. Firmes

Kentucky

25b. REG STRAR'S SIGNATURE

requires that the deoth certificate been signed by I-transit permit. þ or attending physician. s certificate has been si **burial-transit** as the use as the to buriof, detoched for Health DIRECTOR: 8 3 should FUNERAL page 3 sh the State | 0 VR A15 (4) 15M N/5H



5587. **CERTIFICATE OF DEATH** Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY / O. STATE g 5. COUNTY & MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside apropriate limits, write RURAL and give negrest town) 8 RURAL and give neatest town! should d. NAME OF HOSPITAL (If not in hospital, give street address) **ADDRESS** a. IS RESIDENCE OR INSTITUTION N ON A FARM? YES X NO puo NAME OF First Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH LL3627 19 65 6. COLÓR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS last biethday) Months Hours Min WIDOWED | DIVORCED | papers. yrs. 100/ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR KIDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE iState or fereion country! during most of working lite, even if retired) puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN/NAMI 15 WAS DECEASED EVER IN 201 S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Laver. mj 13 1 DUE TO 2 world for ģ ony Conditions, if any, which permi gave rise to immediate **DUE TO** cosse (a), stating the underlying cause lost. burial-transit PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🖂 NOK 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d INJURY OCCURRED (County) (Stote) Hour o. m foctory, street, office bldg., etc.) While Not while of work of work p. m. 12 24 31 1967 that I last saw the deceased 21. I certify, that I attended the deceased from. and that death occurred at 9:2372M, from the causes and an the date stated above. ach A ATTEN by the ECTOR: ADDRESS (Street, city or town, slote) det **DATE SIGNED** ACTUAL pe prior plnous PHYSICIAN'S NAME (Type) TO FUNE (4) 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge (State) REMOVAL (Specify) A REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

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15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5588 CERTIFICATE OF DEATH Reg. Dist. No. 1, 5 = 777

1 PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
FREDERICK MARYLAND	" STATE MARYLAND & COUNTY FREDERICK					
b CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
WOUDS BURO YEARS	WOODS BORC					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) ANNA ELIZABETH CAL	Lost 4. DATE Month Day Year OF DEATH MAY 14 194/					
5. SEX    6 COLOR OR RACE   7 MARRIED   NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS   lost birthday)   Months   Doys   Hours   Min					
19a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	APR 13 - 1963 58 yrs.  STRY, 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?					
during most of working life, even if retired}  SEANISTREBS  SEWING	MARYLAND USH					
13. FATHER S NAME	14 MOTHER'S MAIDEN NAME					
JOHA COSHUN	KEBECCA DUTTERA					
(Yas. no. or unknown) (If yet give wor or dates of service)	NFORMANT Address					
NO NONE 1+1	A CHLOWELL JR WILLDSBERO 11/1					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MOTIVATORIES	mornin spine spin retin versa 5 month					
1/1X DUE TO						
Conditions, if any, which) (b) Caregrania	Cerr. Lyeur					
gove rise to immediate couse (a), stating the under-	0					
lying couse lost. (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0, 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED?					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of tem 18.)					
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m.   While Not while for p. m.   19   of work   of work	ACE OF INJURY (Home, farm, 20f (C'ty or town) (County) (State) tory, street, office bldg., etc.)					
21. I certify that I attended the deceased from	1900, to 14 May, 190, that I last saw the deceased					
1 7 34	occurred at 4 50M, from the couses and on the date stated above.					
	ADDRESS (Street, city or town, state) DATE SIGNED					
ACTUAL SIGNATURE	MD WALLER THE ALL SIGIS					
PHYSICIAN'S	the state of the s					
NAME (Type) )A MECE SINES						
220 BURIAL, CREMAT ON 226 DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)  MAY 17-1961  HACE HS	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)  FREDERICH (U MD)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE MAY 1 8 '61 Chrima B. Khana					
Alan Kill Uttleber	DATE MINI I					



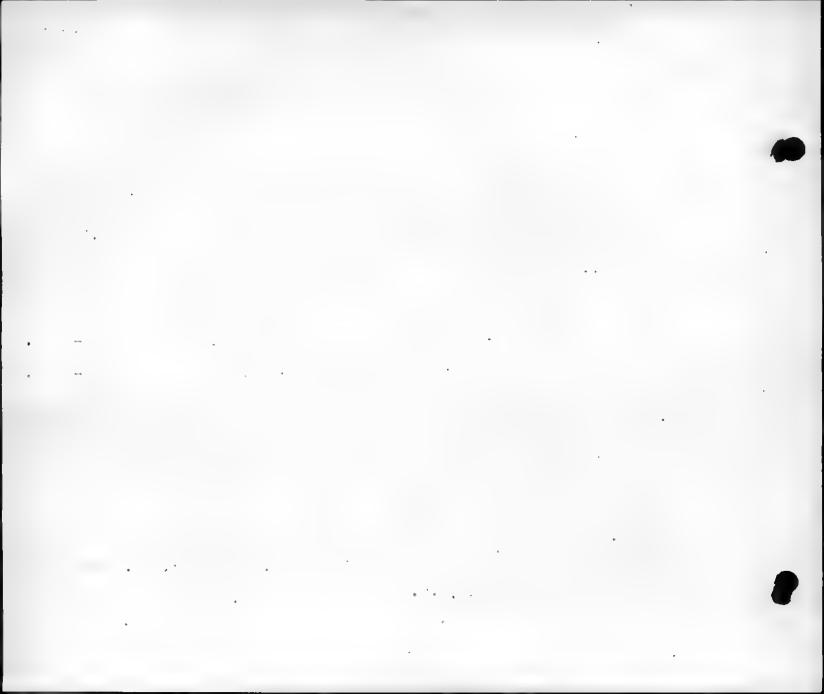
VS A15 (4) 15M 9/58

## 5589 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

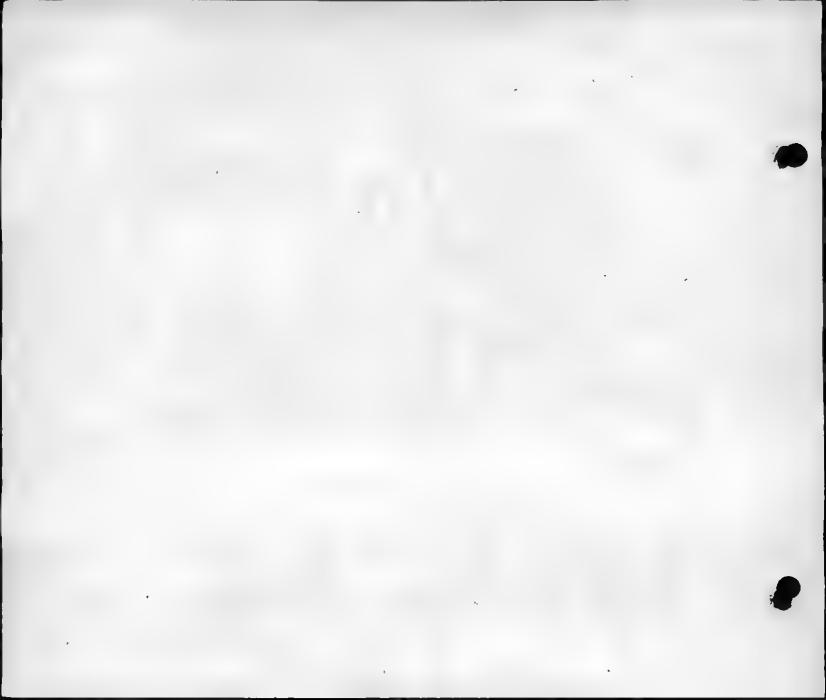
CERTIFICATE OF DEATH

05578

		0		Reg. Dist. No. UU 3 4					
PLACE OF DEATH POGETICK	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	nere deceased lived. If institution b COUNTY	Residence before admission) Frederick					
b. CITY OR TOWN (If outside corporate limits, writ		E. CITY OR TOWN (If o	iutside corporate limits, write RUI						
HIRURAL and give negrest town)	life	11	Adamstown Rt	1					
d. NAME OF HOSPITAL (If not in hospita, give sire Frederick Memorial	Hospital	d. STREET ADDRESS		e is residence on a farm? Yes \( \) NO \( \)					
3. NAME OF First Legron (Type or print)	Middle	Carroll	4. DATE Month 5	16 1961					
Mada Managa	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min					
100. USUAL OCCUPATION (Give kind of work done life during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	istry II. Birthplace (Slote Maryla:		U.S.A					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
George W.Carroll			Prather						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yes, give wor or dates of service)	212-14-6039	Naomi Carr	oll Adams	stown Rtl Fred					
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.  DUE TO  DUE TO  (b) O1  (c)	rtic stenosis			20-30 y.					
CATIC	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO								
	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of in ary in t	Part I or Port II of item 1B )						
Hour o.m. Wh		ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (State					
21. I certify that I attended the dece alive an hay 16	61, and that death	accurred at 11:4	ADDRESS (Street, city or town, st	an the date stated above					
220 BURIAL CREMATION, 226. DATE THEREOF 5-20-61	Hopehill	OR CREMATORY	Mopehill Fr	ed.Co Md					
23 FUNERAL DIRECTOR'S SIGNATURE,	Frederick,	MA		RAR'S SIGNATURE					
and the second second			3.5 Mil. 198	•					



MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. REALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived II institution Residence before admission) o. COUNTY \*b. COUNTY files. Health, MARYLAND b. CITY OR TOWN I'll outside C LENGTH OF STAY IN 16 c CITY OR TOWN ( Floutside corporate limits, write RURAL and give nearest town) 90 e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Clopper Road YES NO K 4. DATE Month DEATH (Type or print) 9. AGE (In years IF UNDER TYPAR 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 1 8 DATE OF SIRTA fast b rihday)1 WIDOWED -DIVORCED [ 180. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? most of working life, /even if retired) 14 MOTHER'S MAIDEM NAME Nettie Bell 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INDEPVAL RETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), sloting the underlying couse lost. PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 206 DESCRIBE HOW INJURY OCCURRED (Enfor noture of injury in Port 1 or Port 11 of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) Month, Doy, Year (County) (State) factory, street, affice bldg., etc.) 19 61 of work of or work gi Rte 40 & Ridge Raad ar Braddock Hgts. Fred. Md. 2). I certify that I took charge of the remains described above, held on Autopsy (X). Inspection (P). Inquiry (1). CTOR: opinion death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE\_ ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) should by the control of the control 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION 226 DATE THEREOF 22d LOCATION (City, town, REMOVAL (Specify) Buri thsburg Shithaburs Mash O **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE VS ALSME Andrew K. Coffman Hagerstown ma. Circling & Tirone



559 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Callus S. Kine

		0002		CERTIFIC	AIL OI	DEATH			U	199911
	1 PLACE OF DEATH						here deceased live		Residence before	re odmission)
o. COUNTY Frederick				MARYLAND		New Jersey Canden				
-		N ( f outs de corporate limit	ts, write c. LEI			OR TOWN (If	outside corporate	limits, write RUR	AL and give nec	prest town)
		e nearest town) rederick		J lears		Canden				
,	d NAME OF HO	SPITAL (If not in hospital, a	rve street oddres:			REET ADDRESS		, -		e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospit					546	Stevens	Street	( )	/	YES NO
	3 NAME OF	F'rs		Middle		Last	4. DATE	Молт	Da	ly Yeor
	(Type or print)	GEORG	HE	WILLIAM	CO.	LE	OF DEATH	May	9	19 61.
	5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. A	-		IF UNDER 24 HRS
	Male	White	WIDOWED 🔀	DIVORCED [	Novem	ber 23,		74 yrs	Nonths Days	Hours Min.
	10a USJAL OCCUP	ATION (Give kind of work of working life, even if retired)	dore 10b. KIND	OF BUSINESS OR I	NDUSTRY 11. BI	RTHPLACE (State	or foreign country	y)	12. CITIZEN OF	WHAT COUNTRY?
	Afra a Man	r Operator	Rail	read		Varyland	1		USA	
	13. FATHER'S NAME					HER'S MAIDEN				
\	Charles	s E. Cole				Mary Ca	therine	Nichols		
)		EVER IN J S. ARMED FOR		L SECURITY NO	17 INFORMANT			BiggsdrA	venue	
	Ne	(ii jest, gree wer or common at		ne	Mr. Fra	ak W. Co	ole Fred			d
	18 CAUSE OF	DEATH [Enter only one co-	use per line far (		A	Λ			INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Under all champellage ONSET AND DEATH Zalay									
	DUE TO									
		Conditions, if ony, which } (b)								V
	gave rise to cause (a), stati	mmediate (								
	lying cause la		)							
	V PART II	OTHER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	HNAL DISEASE CO	ND TION GIVEN	N PART I(a) 1	9. WAS AUTOPSY PERFORMED?
	IA I									YES NO DO
	20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	20b DESCRIBE I	HOW INJURY OCC	URRED. (Enter no	ture of injury m	Part I or Port II o	f item 1B )		
		IFY MEDICAL EXAMINER)								
	20c. TIME OF IN			OCCURRED 20	<ul> <li>PLACE OF IN. factory, street</li> </ul>	IURY (Home, form , office bldg., et	m, 20f. (City or t	own)	(County)	(Stote)
	% P	10	at work 🔲 a							
	21 I certify	that (1) (this haspital	) attended th	ne deceased fro	œm		58 to	5/9	. 19.6/. th	nat (1) (we) fast
		eased alive on	5/9	1961 , and th	at death acc	orred a2:1	10PMram the	causes and	an the date	stated above
	220 SIGNATUR		011	48 212	ATTE	NDING M	AED S	TAFF 3		226 DATE SIGNED
Į	00 01 101	Muses	100.JV	COMO	M.D. PHYS	<b>E</b> 0		HŶŚ. 🗆 🕽	lay 10,	1961
	22c PHYSICIAN NAME (Typ	e) (	h 16	n		ADDRESS 28 North	Monleak	Chront	Francian	tak Md
		James B. Th					Market			
	23a BURIAL, CREMA REMOVAL (Spec	cify)		NAME OF CEMETE	RY OR CREMATO	ORY	23d LOCATION	(City, town, or		(Stote)
ds.	Burial	May 12,		ount Oliv	et Ceme	_	Freder			ryland
3	24 FUNERAL DIRECT			ADDRESS	Les l'ess		D BY REGISTRAR	256 REGISTI	RAR'S S GNATU	KE
	M. R. Lt.	chison and So	on, rred	erick, Ma	n.A raug	DATEAA	Y 1 1 161	11.11	" 9 H	A

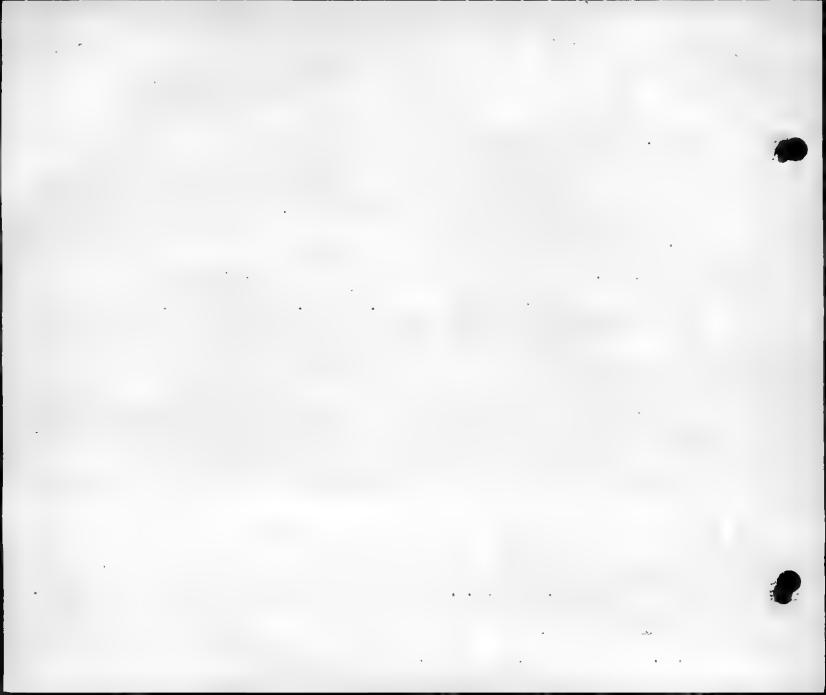
DATE AY 11 '61

after death. Page 4 director, the funera directions should be filed and the attending physician and campletely filled Pages 1 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 D HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be as by the haspital ar attending physicion.

D FUNEXAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remare carbon papers. Pages the State Board of Health prior to burial, cremation, or remayol, and in any event within 72 hours after death.

TO HOSPIT TO FUNER

VR A15 (4) 15M 9/59



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VR A15 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1 - m - 1 4 - 1 i - m - Ga 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission PLACE OF DEATH Frederick p. COUNTY O. STATE b. COUNTY Maryland MARYLAND Frederick b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FIRM and give negrest town) Brupswick d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 205 East Potomac Memorial Hospital YES NO ES 3 NAME OF Middle Month Day Year DECEASED Elsie 1061 (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years ( get birthday) Davs Female. White WIDOWED:FT DIVORCED [7] 12. CITIZEN OF WHAT COUNTRY? 10g USJA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)
ROUSEWITO Maryland Mome U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E.Devine Mary Louise Migler 17. INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Address Na Laurence H. Dallas, Brunswick, Nd. INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) well **DUE TO** Nephwalerosis Conditions if any, which gave rise to immediate DUE TO cause (a), stating the underying cause last RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES NO IN 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. MSCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark at wark saw the deceased alive an Man 11 1961, and that death accurred at AM, from the causes and on the date stated above. 22o SIGNATURE 22h DATE SIGNED M D PHYS STAFF PHYS DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS 230 BURIAL CREMATION | 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) (State) 2-20-1961 Saint Marys Petersville, Maryland 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR DATE MAY 2 5 '61 Cathur & Thousa Brunswi**ck, Maryla**nd



# FOR STATE HEALTH DEPT.

d rector. Page for your files.

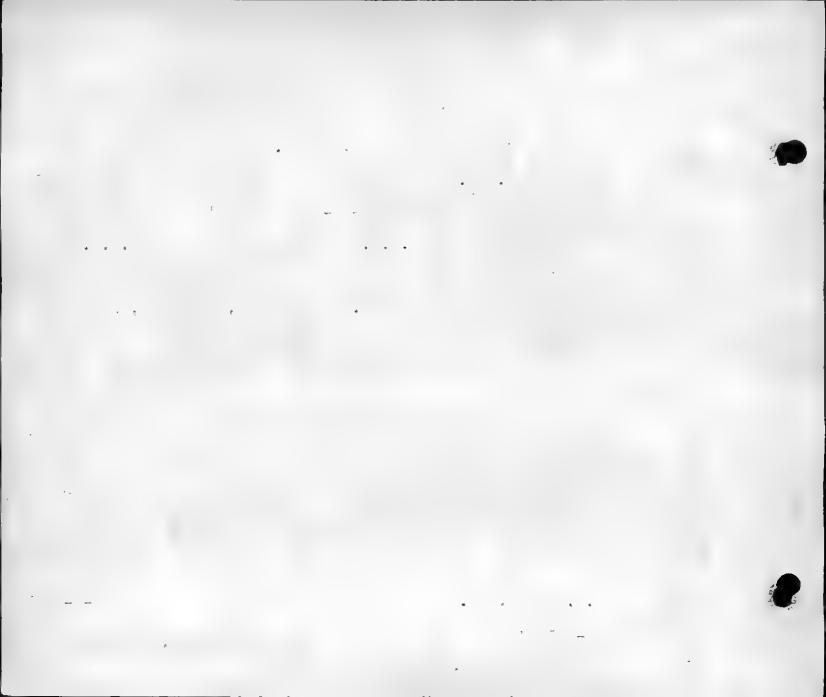
TO DEPUTY LEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dela executed rificate, writing the word "pending" in pendil is them, 18. Give Pages 1, 2, and 3 to the file 4 should array or executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriof, cremotion, or removal, and in any event within 72 hours after death

VII A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.		U	5	5	Q	)	
Rea.	Dist.	No.	d ~	U	0	64	

					Reg. Dist. (se.
1. PLACE OF DEATH	rederiek		- Am - MM		ut on: Residence before admission)
-	If outside carporate him is, write RURAL	MARYLAND	Herry		Frederick
dua Bras usasass som	n)	c. LENGTH OF STAY IN 16			EURAL and give nearest town)
	Wick	Life	Brunsv	viek	
	TAL OR INSTITUTION (If not in hos		d STREET ADDRESS		on a Farm?
	Potomae Stree	T	102 9th.	Avenue	YES NO.
3. NAME OF DECEASED	First	M ddle	Lost	4 DATE Mont	th Doy Year
{Type or print}	Jesse W.		xon	DEATH 5	1961_
5. SEX	6. COLOR OR RACE 7. MARRI		- 000-	9 AGE (In years lost b rthday)	Months Doys Hours Min
Male	White WIDOWE		7-27-1889	71 yrı	
aurina most at warki	ON (Give kind of work done 10b I ng life, even if retired)			or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Locomotive En	gineer B.&.C	Maryl	and	U.S.A.
13. FATHER S NAME	471 1 1		14. MOTHER'S MAIDEN		
	Albert Dixo			Ruth Ti	rout
[Fee, no, or unknown)	/ER IN U. S ARMED FORCES? 16.		FORMANT	Address	
No		Mr	s.Martha I	ixon, Brunsw	ick, Maryland
	TH Enter only one cause per line			marke a sign	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Core	nary Ocelu	isiens	. 7
420.	DUE TO				Manager Committee of the Committee of th
Conditions, if					3
gove tise to imme (o), stoting the					-
cause lost.	(c)				
FART H, OT	HER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
CAT					PERFORMED?
PART II, OT	USE WAS 206 DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in Par	it I or Part II of Item 18.)	
20c. TIME OF INJU			E OF INJURY [Home, form	n. 20f (City or town)	(County) (State)
Hour o.m.	While of wo	Not while racio	ory, street, office bldg., etc		
21. I certify t	hat I toak charge of the r	emoins described obo	ve, held an Autops	y . Inspection	, Inquiry 174 and in my
	resulted from: Natural a				
	12 x 1	, Meciocin [		, ondere	allimed monnes []
ACTUAL	130 then	ras_	M D CHIEF MEDICAL E	XAMINER [	DATE SIGNED
SIGNATURE	2001001	, , , , , , , , , , , , , , , , , , , ,	ASSISTANT MEDIC		
EXAMINER'S NAME (Type)	B.O. Thomas,	Sr.	DEPUTY MEDICAL	_	5-6-1961
220 BURIAL CREMATIC	ON, 226. DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	
Burial Specify	5-9-1961	Park Height	TT.		
23 FUNERAL DIRECTO	The same of the sa	ADDRESS	24o. REC'	D BY REGISTRAR 746 REC.	STRAK'S SIGNATURE
17.14 7	Brunswi	ick, Maryland	DATE	Y 1 0 '61	1 1 1 1
	de table to the table to		1 25 (1)		Charles -



MARYLAND STATE DEPARTMENT OF HEALTH



## STATE HEALTH DEPT.

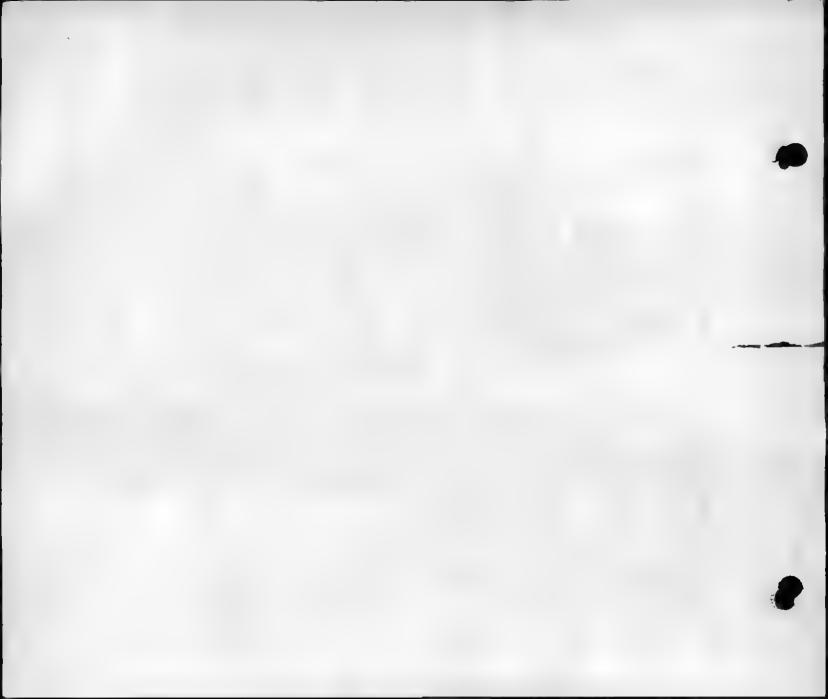
director. Page director. Page d for your files. Boord of Health,

TO DEPUTY VEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delease, prificate, writing the word "pending" in pendit in 18. Give Pages 1, 2, and 3 to the fash to he chief Medical Examiner's Office, and with form PM3. Page 5 may be refared to the Chief Medical Examiner's Office, and with form PM3. Page 5 may be refared FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5595 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. U 5584

	PLACE OF DEATH				2 USUAL	RESIDENCE (V	Where decea	sed lived. If is	natitution: Res	idence bef	ore odmission)
		derick		MARYLA	ND 0. STATE	Maryl	Land	b. CO	UNTY FI	redei	rick
	end give necrest fow	l'autside corporate i-m-ts	write RURAL	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If	f outside cor	parote limits, s	vrite RURAL o	and give ne	eorest town)
1	ural My		}	30 year	SX	Rural	Liye	rsvill	Le		
	d. NAME OF HOSPI	TAL OR INSTITUTIO	N (Inot in ho	pital, give street address)	d STREE	T ADDRESS					e. S RE IDEN E
											YES NO
3.	NAME OF		First	Middle		.017	4. DATE		Aonth	Doy	Yeor
	DECEASED (Type or print)	William	AT	bertus F	'irestor	10	DEATH		F,	77	1967
5.	SEX	6 COLOR OR RA		D NEVER MARRIED			1	9. AGE (n yes		ER TYEAR	IF UNDER 24 HAS
I	nale	white	WIDOWE	35	10/21	1/1890	)	70	Months	Days	Hours Min
100	USUAL OCCUPATI	ON Give kind of w	ork done 10b.	CIND OF BUSINESS OR INI	OUSTRY 11 BIRTH	PLACE (Stole	or foreign e		-	ITIZEN OF	WHAT COUNTRY?
1 -	furing most of working Laborer	ret.	CO1	inty roads	liat	yland	3		TT.	S.	
-	FATHER'S NAME					'S MAIDEN					
1	Villiam '	T. Fires	tone		Frame	a Whir	272				
	WAS DECEASED EN	ER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 1		A_PIA	νp	Ade	iress		
[Ye	no, or unknown)	(If yes, give war or dat	es of service) 2]	4-10-2987	Mrs. Jo	seph	Dela	uter,	liyers	svil	le. Md.
	IR CAUSE OF DEA	TH Enter only ent	couse per line	for (a), (b), and (c).]		-		,			VAL BETWEEN T AND DEATH
		TH WAS FALISED &	V.		anaha at					QNSE.	T AND DEATH
	1 × ()1	1		ronary thr	OHBOST:	i			_		
	Conditions, if	DUE									
	gove rise to imme	digte couse	(p)								
	(o), sloting the	underlying DUE									
2		HER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEAS	F CONDITION	G VEN IN P	APT I/OV 19	WAS ALITOPSY
CEPTIFICATION										1	PERFORMED?
CEPTIF	200 EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH	USE WAS INTRIBUTING []	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture o	injury in Por	t Cor Port II	of item 18.)			
13	20c. TIME OF INJU	IRY Month, Day	Yeor 20d.	NJURY OCCURRED 20e	PLACE OF INJUR	(Home, form	n, 120f (City	y or lown)	{(	County)	(State)
MEDICAL	Hour o.m.		19 Ol we	Not while	fectory, street, of	ice bldg., elc.	2				
1		hat I toak cho		remains described	above, held o	in Autops	y [7]. t	nspection .	Ingi	uiry [X],	and in my
	1		~	causes 🔁 , Accide			Hamicide		letermined	,	
	ACTUAL	RIDO	0772				_				DATE SIGNED
	SIGNATURE	No in	orre	as_		MEDICAL EX					
	EXAMINER'S					TANT MEDIC					
	NAME (Type) D		Thoma			TY MEDICAL	-		Ma	ay 12	2, 1961
220	REMOVAL (Specify	ON. 226 DATE THE		22c. NAME OF CEMETERY	OR CREMATORY		22d LOCA	TION (City, to	wa, or county	1)	(State)
_	burlal	5/15/	1961		emeter			dleto		Md.	-
23.	FUNERAL DIRECTO			ADDRESS		240. REC*	D BY REGIST		REGISTRARIS	SIGNATUR	E
1	Gladhil	L Compar	ly, Mid	idletown, M	ſd•	DATE	m 17	'67	Orthur	8 the	and.



VR A15 (4) 15M 9/59

SECR

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

65ESE

2	0000	CERTIFICA	IE OF DEATH		00000
V	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease	d lived. If institution: Resid	lence before admission)
	trederick		MAKYLHIVD		HRKCLL
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	role limits, write RURAL on	d give nearest lawn)
	Frederick	WK.	UNION BAI.	VGE	RURAL
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	11	d. STREET ADDRESS	064	e. IS RESIDENCE ON A FARM?
- 3	Frederick Memorial	Hospital			YES NO
	3 NAME OF DECEASED (Type or print) Hanson	Middle	Fogle 4. DATE OF DEATH	May	15 196/
	5 SEX 6 COLOR OF RACE 7 MARRIED N	NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1	ER 1 YEAR IF UNDER 24 HRS
	M WIDOWED X	DIVORCED 🗍	SEPT 15-1873	57 yrs	
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign of	ountry) 12 C	ITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	THER	7//// 1////		4817
_	Ar A ACC		14. MOTHER'S MAIDEN NAME	DDIN UTE	111
L)	DENIVIS FOGLE		LLIZHBETH	D41611116	/
_	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	2-654	FORMANT	Address	134 . D. S.
		· · · · · · · · · · · · · · · · · · ·	EN FOGLE	INION BRI	10g-E NORM
	TB CAUSE OF DEATH [Enter only one couse per fine for (o)	, (b), and (c).	4 2	, ,	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: SEVEY	e Drunci	hopheumonia	Left lung	2415.
	DUE TO	. 1 /	11	1 . /	
	Canditions, if any, which by Must	iple Lu	ing Abscess	es, Left 14	ng 5-4 mo.
	cause (a), stating the under-	1	/ / .	*	E 10.5 1
	Iying cause last. ) (c) Dronc  PART I OTHER SIGNIFICANT CONDITIONS CONTR BL	HICKTAS	15 Left 14h	g	3 9 7 3 . T
	S O THE SIGNIFICANT CONDITIONS CONTRACT	JT NG TO DEATH BUT	NOT RELATED TO THE TERM NAL DISEAS	E COND FION GIVEN IN P.	ART 1(0) 19 WAS AUTOPSY PERFORMED?
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO	LA PARAGE	(Enter noture of injury prost , or Pa	a facture	YES NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	CENTER POLICE OF INJURY ELFORT FOR PO	THOPHER IS	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	La a	ICE OF INJURY (Home, form, 20f. (Cit loty, street, office bldg., etc.)	y or lown)	(County) (State)
		t while work	in the state of th		
	21 I certify that (I) (this haspital) attended the	deceased fram	May 8 1961, 10.	May 15, 19	61, that (I) (we) last
4		6. and that d	eath accurred at ( P.M. from	the causes and an t	
	22d. SIGNATURE		ATTENDING MED	STAFF	22b. DATE S GNED
	22c PHYSICIAN'S	20 1	V D PHYS DIRECTOR	PHYS L	1-149 15,196
	NAME (Type) Henry V. Chi	rse	4 E. Church	St Freder	ick, Md
	230 BUR AL, CREMATION, 23b DATE/THEREOF 23c N.	AME OF CEMETERY OF	R CREMATORY 23d LOCA	TION (City, town, or county	y) (State)
	BURIAL MAY 18-1961 S	T PETER	'S LIB.	ERTYTOWN	170
	24 FUNERAL DIRECTOR'S SIGNATURE AD	DRESS	250 REC'D BY REGIS	TRAR 255, REGISTRAR'S	S GNATURE
	18N Abertiles & State Ilin	INSL FINE	DATE DATE AY 18'6	1 Critical &	Track



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5597 **CERTIFICATE OF DEATH** MARYLAND c. LENGTH OF STAY IN 16

Reg. Dist. No.

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY\_ b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c/CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give pearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P NAME OF 4. DATE Losi Month Dov Yeor DECEASED OF (Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours Min. DIVORCED [ WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 / BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address \$8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stoling the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES -HO -200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Haur a.m While Nat while at work at work 19.5) 21. I certify that I attended the deceased fram. رير 19 المجاري , that I last saw the deceased and that death occurred at 3: P.M. fram the causes and an the date stated above. alive an DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City. (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Cirling S. Thousa DATE BUN

director deoth, Page should puo death certificate be physicion requires that the څ buriot-tronsit 음 should 3 0 VS AIS (4)

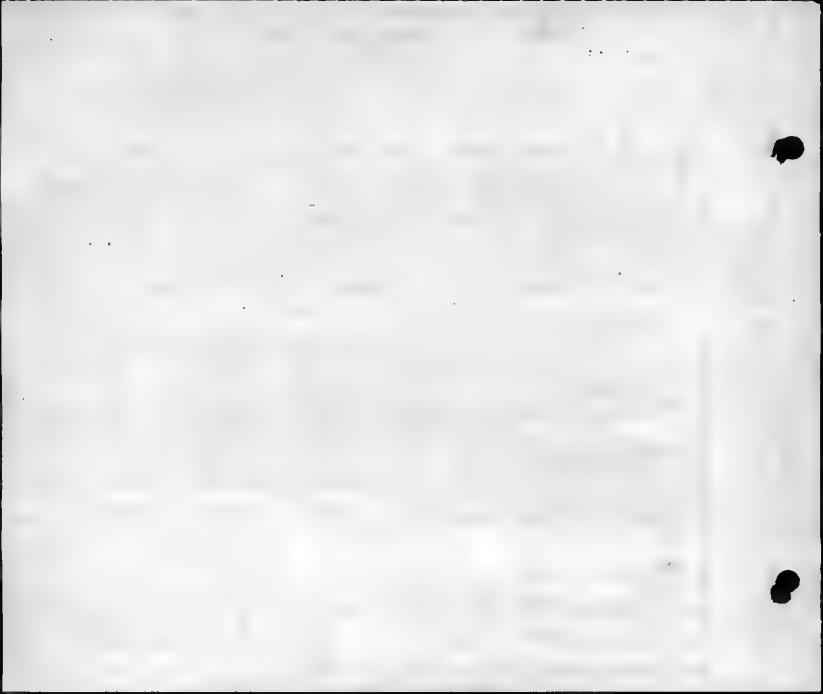
"24 West Saints Frederick

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. b. COUNTY Frederick e. IS RESIDENCE ON A FARM? YES INO P Month Day Year 10 61 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? TI.S.A Address 2 Carver Apt INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (Stote) (County) 1967, that I last saw the deceased DATE SIGNED (Stote) Maryland 246. REGISTRAR'S SIGNATURE

5

yrs.

VS A15 (4) 15M 9/55



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. Not ! HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY sary, please clar. Page our files. of Health, Frederick b. COUNTY Marvland MARYLAND Frederick b. CITY OR TOWN (If out de corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) and give nearest town) Frederick days Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d STREET ADDRESS 4,5 ON A FARME Frederick Memorial Hospital 36 Lincoln Apts. YES NO T NAME OF M. ddle 4. DATE Month Yeor DECEASED (Type or print) Clara Maria Hall. DEATH Offer May 19 67 6. COLOR OR RACE 7 MARRIED NEVER MARRIED ATE OF BIRTH 5. SEX 9 AGE (In years IF UNDER LYFAR IF UNDER 24 HRS may b fost birthday) Months Doys Hours 30 Female Colored | WIDOWED [] DIVORCED T July 24-1930 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Laborer-Aerosol Spray Company Frederick. Mary 12 CITIZEN OF WHAT COUNTRY? and Frederick. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmer Myrtle Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick-Md. (If yes, give war ar dates of service) No 220-28-7827 Myrtle Thompson-36 Lincoln Apts. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY. Intestines Gangrene of days IMMEDIATE CAUSE (a) iminer's Office al DUE TO Volvulas Canditians, if any, which days gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. cal Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? Chief Medical E should be used to burial, crem NOF 200. EXTERNAL CAUSE WAS PRIMARY ( ) OF CONTRIBUTING ( ) CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. P.ACE OF INJURY (Home, form, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) g. m. While Not white of work of work D. m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection ... Inquiry [7] and in my CTOR: opinion death resulted from: Natural couses 🚮, Accident . Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ä ASSISTANT MEDICAL EXAMINER [7] B.O. Thomas **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER (X) 5-61 Should In 220 BURIAL CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 5-8-61 9 Fairview Frederick-Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Frederick. Maryland

240 REC'D BY REGISTRAR

DATE MAY

A15ME

C.E. Hicks 111



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5600 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTYo, STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and givernearest town) rederic d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF 4. DATE Middle Last Manth Day Yeor DECEASED (Type or print) DEATH BETH Yau 19 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED [ 6 4 Yrs. 12. CITIZEN OF WHAT COUNTRY? 10c. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) / Lewis ment jeta- jet hours **DUE TO** 22 -67-1 Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underfying couse fast PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 17 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Haur a.m. Not while ot work at work 21. I certify that I attended the deceased from Jesul 222221 194/ that I last saw the deceased alive on parent i and that death occurred at  $9.30 \, \text{ A. M.}$  from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22d LOCATION (City, lown, or county)

24b. REGISTRAR'S SIGNATURE

Cursos S. Thrones

240. REC'D BY REGISTRAR

(Stote)

22c. NAME OF CEMETERY OR-CREMATORY

**ADDRESS** 

be filed erol physicion hours requires that á ō HOSPI 0 poge 0

death, Poge

VS A15 (4) 15M 9/55

22a. BURIAL, CREMATION,

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE



CERTIFICATE OF DEATH

65500

					103311
1. PLACE OF DEATH o. COUNTY	n n	SUAL RESIDENCE (Where	deceased lived. If institut		e odmissian)
Frederick	MARYLAND	Marylan	d	Frederi	<u>e)c</u>
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16 c.	CITY OR TOWN (If auts	ide carporate limits, write l	RURAL and give near	rest town)
	weeks	- Brunswi	ck		
d. NAME OF HOSPITAL (If not in hospital, give street address)	d.	. STREET ADDRESS			ON A FARM?
OR INSTITUTION Prederick Memorial Hospi	tal	218 N.	Delaware Ave	nue	YES NO TO
3. NAME OF First DECEASED	Middle	Last 4	DATE Ma	nth Day	Year
	klin Hig	himan	DEATH May 22	. 1961	19
5. SEX 6 COLOR OR RACE 7. MARRIED NEVE		E OF BIRTH	9. AGE (In years	IF JNDER 1 YEAR	
Male White WIDOWED	DIVORCED .Th	1y 12, 1891	last birthday) 69 yrs	Manths Days	Haurs Min
10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF 8U				12 CITIZEN OF	WHAT COUNTRY?
during most of working life, even if retired)				TT C A	
Post Master U.S. Post Office Br		MOTHER'S MAIDEN NA	o., Maryland	U.S.A	•
T. Frank Hightman		Minnie M. S			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECU				dress	
(Yes, no, or unknown)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Marca T	comps B Ut	abtman Pauna	eri els Mann	gland
		Cathle D. H.	ghtman Bruns		RVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per time-for (a). (b) PART I DEATH WAS CAUSED BY.	and (c).	7	/		ET AND DEATH
IMMEDIATE CAUSE (0)	ame	Ly Uhm	utoria	7	days
42010 DUE TO	- 1 17 -	-1.11	1 1		
Canditians, if any, which ) (b) Ander	noschro	le year	h Luseer	and the same of th	
gave rise to immediate couse (a), stating the under-	-/-	,			
lying cause last. (c)					
	IG TO DEATH BUTNOT R	ELATED TO THE TERMINA	AL DISEASE CONDITION G	VEN IN PART 1(a) 15	WAS AUTOPSY
PAT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	- 0%	1.7			PERFORMED?
	INJURY OCCURRED (Ente	er nature of intury in Par	t Lar Part II of item 18 )		<u> </u>
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	4		•		
20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCU While Not wh p m, 19 at work at work		F INJURY (Hame, form,	20f (City or lown)	(County)	(State)
Haur a.m While Not wh	ille	treet, affice bldg., etc.)			
		tion 1	1 1/2 20	2 1 1	
21 I certify that (I) (this hospital) attended the de	1	79-1		2- 196 / the	
	/ and that death	accorred outN	l, fram the causes o	nd on the dote	
22a. SIGNATURE	,	ATTENDING MED.	STAFF		22b, DATE SIGNED
M. M. Vears	MDF	PHYS. DIRE	CTOR PHYS		
22c. PHYSICIAN'S NAME (Type)	2	22d. ADDRESS			
230 BURIA-, CREMATION 23b DATE THEREOF 23c NAME	OF CEMETERY OR CREA	MATORY 2	3d LOCATION (City tawn,	ar caunty)	(State)
REMOVAL (Spec fy)	Olivet Ceme			arvland	
24 FUNERS DEFECTIONS GNATURE ADDRE				STRAR'S SIGNATUR	RE
Webert Co Fruel IT 1-	derick. Mary	all conditions of the		arthur 8. th	
Robert E. Bailey & Son Fred	ACT TOWN COUNTY AND A	Latitu DATE			

fter death Page 4. in by the funeral director, and 2 should be filed with DHOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 had may be by the haspital or ottending physician.

DEUNER OF DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

TO HOSPIT TO FUNER VR A15 (4) 15M 9/59



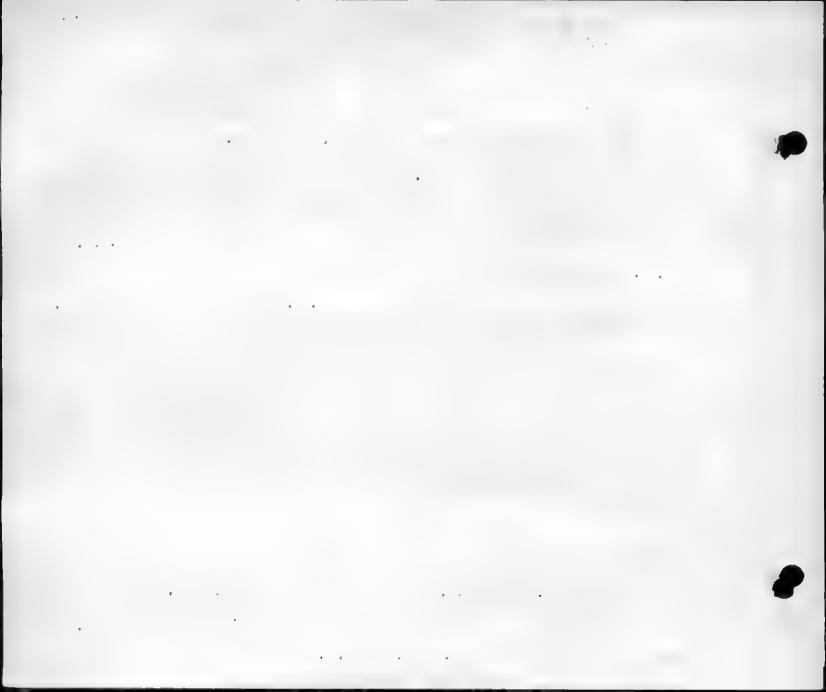
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

65591

			CERTIFI	CAIL	OF DE	AIII				0	0.00	1
1. PLACE OF DEATH				2 1	USUAL RESIDE	NCE (Wh	ere decease	d I ved If institut		ence befo	re admiss	ion)
a. COUNTY Fre	ederick		MARYL	AND	o. STATE	ryla	and	b. COUNTY		tgome	TV	
b. CITY OR TOWN	(If outside corporate limi	ls, write	c. LENGTH OF STAY II	N 16				rate limits, write				)
RURAL and give	ederick		1 day		Px	na kees	nai X Ka	Chevy	Cha	s <b>e</b>		
	PITAL (if not in haspital, a	ive street			d STREET ADI	ORE SS		air			e IS RES	FARM?
	ederick Memo	rial	Hospital		4 E. K	irk	e St.			-	YES [	NO 👽
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Мо	nth	Do	ly '	Year
(Type or print)	Charle	S	G.	H	olbrook	ζ	DEATH	Ma	y	26	)	1961
S SEX	6 COLOR OR RACE	7 MARI	ELED TO NEVER MARRIES	)(1) B. DA	ATE OF BIRTH			9, AGE (In years last birthday)				R 24 HRS
M	W	WIDOW	ED DIVORCED		12/29/	14		46 715		Days	Hours	Min.
100 USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	CE (State	ar foreign c	auntry)	12 CI	TIZEN OF	WHAT	OUNTRY
Retired			Span Aut Wes		Mir	meso	nta			II.S.	A .	
13 FATHER'S NAME				14	MOTHER'S M							
T. W. F	Holbrook				Hal	en G	rahn					
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO	17, INFOR				Ad-	dress			
no	[if yes, give war or dates of s	ervice)	ınknown		Le	W. E	Tolbro	ok. Che	vy Ch	ase.	1/2	
18. CAUSE OF D	EATH   Enter anly and co	use per li	ne far (a), (b), and (c).]				0			LINTI	ERVAL BE	TWEEN
1	EATH WAS CAUSED BY:	1/2	ntricula	x Fi	b41)	10 +	ich				SET AND	
12 -	IMMEDIATE CAUSE (o	,		3		· • · · · · · · · · · · · · · · · · · ·					-	-
Conditions, if												
gove rise to	immediate (	•										
couse (o), status lying couse los	g the <u>under-</u>											
	other significant con	r	CONTRIBUTING TO DEA	TH BUT NOT	PELATED TO 1	HE TERM	NAI DISEAS	F CONDITION G	IVEN, IN PA	ART 1(g) 1	9. WAS	AUTOPSY
	chetes	D1110147	hA 11	u S	KLISTED (O)	I IE IERA	IANT DIJENC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?
200 ACC DENT	WAS UNDERLYING	20h DES	CRIBE HOW INJURY OC		ater noture of	niery m	Post or Per	rt II of item 18.1			163	NO [
OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	200 003	CHIEF HOW BROWN OF	CORRED (E)	met motore of							
	URY Month, Day, Ye				OF INJURY (He			y or town)		(County)		(State
Haur a.n	10	While of wor	Not while	iddioiy,	arreer, orrice t	Jing, etc						
21 I certify t	hat (I) (this haspita	l) attend	ded the deceased t	from 13	3 June	19	41. ta_	26 M Y	, 19.	61, 11	nat (I) (	we) last
	ased alive an 2	5 M	47 19 6/ and	that deat	h accurred	at // 32	M, fram	the causes a	nd an t	he date	stated	abave
220 SIGNATURE	1 0	- d-j	1									b DATE
1	In MeAn	2841		MD	ATTENDING PHYS	X DI	ED. RECTOR [	STAFF PHYS		May	26,	196
22c PHYSICIAN'S NAME (Type					22d. ADDRES	5						
TANK (I) pe	Gordon M.	Smith	1, M.D.			Barn	esvil	le, 1.d.				
230 BURIAL, CREMAT		⊋£¬	23c. NAME OF CEME	TERY OR CR	EMATORY		23d LOCA	TION (City, town	or county	)	(Stat	e)
removal Specia	(burial 29/	ρŢ	Lakewood	Ceme	etery	Ass	n Mi	nneapol	is,	Min	n.	
24 LINERAL DIRECTO	. 4	wer	ADDRESS				D BY REGIS		SISTRAR'S			
MARCH N	2 SAINTERNE	175	6 Pa. Ave	. NW	D.C.	DATE	7316	CI	الإنسام ع	, / 0,00		

TO HOSPI ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h. Ifter death. Page 4 may be by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 pours after death Her death. Page 4

VR A1S (4) 1SM 9/59



Offi



VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 593

CERTIFICATE OF DEATH

1	o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss on)  a. STATEMARYLAND b. COUNTY rederick
	b CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neeres; town)  E Lewistown, Rtl Thurmont
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)  D.O.A. Frederick Memorial Hosp	d STREET ADDRESS  a. IS RES.DENCE ON A FARM? YES \[ NO \[ \]
	3 NAME OF DECEASED (Type or print) Joseph Franklin	Holliday Death 5 30 1961
)	Male Negro WIDOWED D VORCED	B-2-1912  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	IDa. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired) Radio technician	Frederick, Md U.S.A
	Charles F Holliday	Mary M. Hall
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17, 17  (Yes, no. or unkown) (Ifyesgive were deles of service, 214-10-2301, INO)  18. CAUSE OF DEATH (Enter on.y one ceuse per line for (e), (b), and (c).)  PART I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE (e)]  Conditions, if any, which gove rise to immediate ceuse (e), stelling the underlying DUE TO (c)	
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLA	PERFORMED? YES NO  CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stele)  ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.  saw the deceased alive on	death occured and how have the causes and on the date stated above  ATTENDING PHYS.  MED. PHYS.  MED. PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.
	230. BUR AL, CREMATION 23b DATE THEREOF BUTTLET 6-2-61 Fairview	or crematory 23d. Location (City, town or county) (Stele)  Frederick Md
1	24 FUNERAL DIRECTOR'S SIGNATURE Frederick, Md	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN 5



MARYLAND STATE DEPARTMENT OF HEALTH

funeral

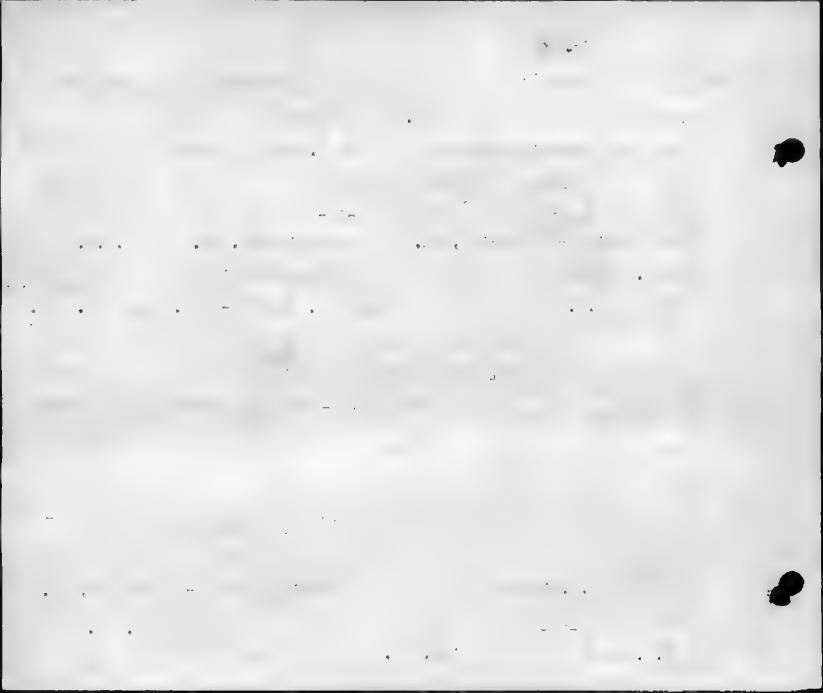
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ig physician signed by

0 4

tained by the SR: After this detached f

DIRECTOR
3 should be



CERTIFICATE OF DEATH

05595

1 =						
/  ı	PLACE OF DEATH o. COUNTY			2, USUAL RESIDENCE (WI	nere deceased lived. If institut b, COUNTY	an: Residence before admission)
	Fr	ederick	MARYLAND	Penna	•	Delaware V
	b, CITY OR TOWN (if a RURAL and give near	autside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write I	RURAL and give nearest town)
	Frederick		2 Days	Woodl	ym.	44
	d. NAME OF HOSPITAL	L (If not in haspital, give stree	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM2
	Frederick M	emorial Hospi	tal	1363 Val	ley Road	YES NO
3	NAME OF	First	Middle	lost	4. DATE Mo	nth Day Yeor
	(Type or print)	William	Edward	Johnson	OF DEATH MAY	9, 1961.
5	SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE ( n years	
	Male	White wipov	WED D PORCED	February 7,	1886 75 birthdoy)	Manths Days Hours Min
ī	00 USUAL OCCUPATION	(Give and of work done 10	L KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State	or fareign country)	12. C TIZEN OF WHAT COUNTRY?
	Ret. Elect.	ng life, even if retired) rician	U. S. Govt.	Delawar	e	USA
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
AL.	Wi	lliam B. John	son	Aman	da Simpler	
		IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17 II	IFORMANT	Add	lress_
	No ar unknowe) (If	yes, give war or dates of service)	None Mr	s. Elizabeth	Johnson-Sameas	tem #2
F		H [Enter only one couse per	line for (a), (b), and (c),1			INTERVAL BETWEEN
	# :PART I. DEATH	H WAS CAUSED BY:		1		ONSET AND DEATH
	A	MMEDIATE CAUSE (0)	brokery o	relierion		3 days
	. 50	DUE TO	· · · · · · · · · · · · · · · · · · ·			0
1	Conditions, if ony					
Т	gave rise to import couse (a), stating the					
1.	lying cause lost.	) (c)				
1	PART II. OTHE	R SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERM	NAL DISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
1	3					YES NO
	20g ACC DENT WAS	UNDERLYING [ 20b DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18)	
1	(IF EITHER, NOTIFY M	NEDICAL EXAMINER)				
	20c. TIME OF INJURY			ACE OF INJURY (Home, form		(County) (State)
	20c. TIME OF INJURY Hour o. m.	19 Whi	le Not while To	ctory, street, office bldg., etc	-1	
				565 10	11. E/	9 306/4 3111
			nded the deceased fram		DP 10	4 , 19.6 /. that (1) (we) lost
	saw the decease	d drive an	and that a	leath accurred di	TYP, from the causes a	nd an the date stated above.
	220 3 0144 016	2	Mignian		ED STAFF	5/10/1961 GNED
	22c PHYSICIANS	Milavo.	NO VILLO	M D, PHYS. D	RECTOR PHYS.	7/10/1701
	NAME (Type)	James B. Tho	mae W.D		mal Building.	Frederick, Md.
~						
2	30 BURIAL, CREMATION REMOVAL (Specify)		23c. NAME OF CEMETERY O		23d. LOCATION (City, tawn,	ar county)  Del.
	burial	May 13,1961	St. John's Ce		Georgetown,	
2	4, FUNERAL DIRECTOR'S		ADDRESS	1144-0	D D1 1100-01111-11	ISTRAR'S SIGNATURE
	M. R. Etchi	ison & Son, Fr	ederick, Maryla	ING. DAMAY	11 '61 and	Lug S. Kraus

R ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 the piffer death. Page 4 and by the hospital or attending physician.

\*\*DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director.

TO HOSPIT

VR A1S 1SM II/S9



23c NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

Frederick Warrland

ADDRESS

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (Stote)

SIGNED

**23-1**961

(State)

Frederick, Md.

2. CITIZEN OF WHAT COUNTRY?

22,

U.S.A.

(County)

arthur & Kroud

23d LOCATION (City, town, or county)

250. REC'D BY REGISTRAR

DATE MAI \_ 3 '61

Frederick, Maryland

256 REGISTRAR'S SIGNATURE

Months Days

e IS RESIDENCE ON A FARM?

YES NO K

Yeor

1961

Min

O FUNE VR A15 (4) 15M 9/59

23g BUR AL, CREMATION, 236 DATE THEREOF

5-24-1961

REMOVAL (Specify)

24 FLNERAD DIRECTOR SAIGNATURE

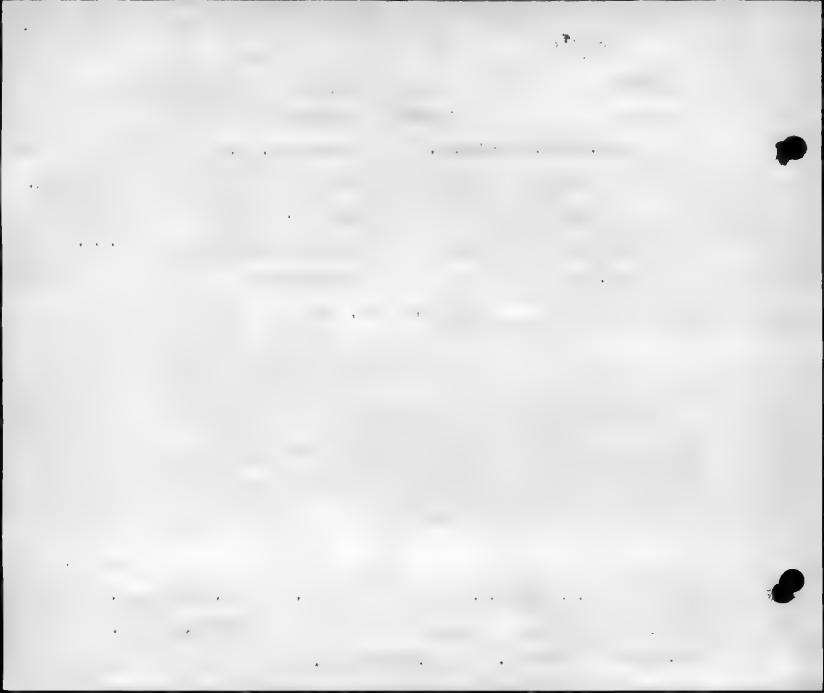


15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

PTL:	AKILAND STATE DEP	AKIMENI OF F	ISALID	
<b>DIVISION OF STATISTICAL R</b>	ESEARCH AND RECORDS, 3	301 W. PRESTON S	TREET, BALTIMORE 1,	MARYLAND
F 000	CERTIFICATE	OF DEATH		LEFIN

4	3500		_ 03557 _
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If i	
1	Frederick Maryland	e. STATE b. COUN	w 16 M
1	b. CITY OR TOWN (if outs de corporate timits, c. LENGTH OF STAY IN 16	Maryland c. C.TY OR TOWN (If outside corporete I mits, we te	RURAL end mye neerest town)
1	write RURAL and give neerest town	trent and to the trent to the t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Frederack 43 years	Frederick	
ı	d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
1	11 West 6th.Street,Frederick,Md.	11 West 6th. St.	YES NO
1	3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
1	DECEASED (Type or print)  Cooper	Vine DEATH Man	28 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	King  DATE OF BIRTH  9. AGE (In years	
		last birthday)	Months   Deys   Hours   Min.
1	Male White WIDOWED DIVORCED J	anuary 11, 1896 65 va.	
	1De. USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	RY 11 BIRTHPLACE (County & State, or foreign country)	
1	Retired Laborer	Frederick, Maryland	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	***
1	Ionanh I Vine	America Communication	
1	JOSEPH L. King  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Annie Crouse	-
	(Yes, no, or unkown) (Ifyes give wer or detes of service)	EAST PRINGERS A	
	Ne No 213 18 9873 M	rs.Grace Swope King (Same a	as item #2) =
1	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	2	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	occurrent.	Benntee
	DUE TO	^	
	Randon V	conforhent diseas	0 17711
	geve rise to immediate cause		
	(e), steting the underlying DUE TO	track to the	574s+
	cause lest. (c)		
	PART II. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER!	OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
	3		YES NO
	2De ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	), (Enter nature of injury in Pert I or Pert II of item 18.)	
1	OR CONTRIBUTING CAUSE OF DEATH		
	20c, TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, ferm , 2Df. (City or town)	(County) (State)
-	Hour a.m. While Not While fec	tary, street, office bldg., etc.)	
	P.m. 19 et work et work		
1	21. 1 certify that (I) (this hospital) attended the deceased from.	195 8 10 Xxxxx 2	-S., 1964, that (I) (we) last
	saw the deceased alive on 344.0.25. 1941, and that	death occured at	and on the date stated above
7	220. SIGNATURE		22b. DATE
	6/2/2	ATTENDING MED. STAFF	5/29/61. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	
	B.O. Thomas M.D.	228 N.Market St.Frederi	iok Md
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 238. LOCATION (City, lov	Au D. ConutAl (216.5)
	Burial 5/31/61 Mount Olivet	Frederick, Mar	yland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REC	GISTRAR 5 SIGNATURE
	M.R.Etchison & Son, 106 E.Church St.Freder	rick Md DATE MAY 3 1 '61 C	ribus S. Kraces
-			



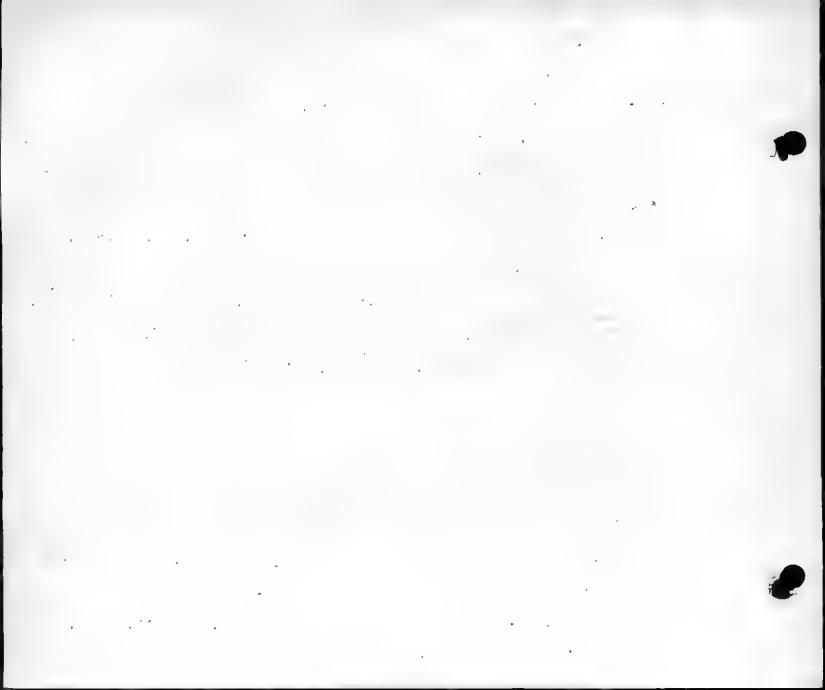
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5669 CERTIFICATE OF DEATH

05598

. 1	0004		Reg. Dist. No.
	) D. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Maryland b. County derick
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rural Myersviele	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Rural Myersville
	d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Route # 2 (Tolfs)	address)	d. STREET ADDRESS  Route # 2  o. IS RESIDENCE on A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) ETML^	Middle JANE	Lost 4. DATE Month Day Year KLINE DEATH May 25 1961
	female white wow		8 DATE OF BIRTH August 16,1390  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min   Min
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10 OUSEWITE	own home	Frederick, Co. Md. U.S.A.
	I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
1	Rookyln Blickensts		Ida Shuff
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Address Rt.#2 .Evelyn Grosnickle, Myersville, M.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART II OTHER SIGNIFICANT COND.TIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?  YES   NO   PART   NO
- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port 1 or Port II of Item 18.)
	Hour o.m. While	NJURY OCCURRED 20e. PL. Not while for your pot work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the decease alive an May 20, 19 ( ACTUAL SIGNATURE Role of Control of		accurred at 10 2M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 137WWashingfor  5-26-6
9	PHYSICIAN'S NO BETT C. C. SURIAL, CREMATION, 22b. DATE THEREOF	०७७७४५	Stegenslown, md
	REMOVAL (Specify) Lay 28,1961	United Bre	r CREMATORY 22d. LOCATION (City, town, or county) (Slote) thern Wolfsville, Fred.Co.Md.
	3. FUNERAL DIRECTOR'S SIGNATURE THERE THE PAUL F	ADDRESS  Bittle, My	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE  215 V1 1 10 ATE 178 MAY 2 9 61 Cuthur 8 Known

TO HOSP VS A15 (4) 15M 9/58



5610

b. CITY OR TOWN (If autside carporate limits, write

1. PLACE OF DEATH

Frederick

COUNTY Frederick

RURAL and give nearest town)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

MARYLANO

c. LENGTH OF STAY IN 16

Years

CERTIFICATE OF DEATH

05599

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Maryland

Frederick

b. COUNTY Frederick

eral director, be filed with	M
funer uld b	

death

puo Poges 1 mpletely filled papers. pup carbon remove affellding ā Phe þ te has been signed by buriof-transit permit. ed by the haspital or attending physician. DIRECTOR: After this certificate has be≡≡ su cremation, the SD for detoched Board shauld poge 3 sh the State

OY L. FUNER, O VR A15 (4) 15M 9/S9

d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE LLO Sherman Avenue ON A FARM? hl6 Sherman Avenue YES NO NAME OF First M ddle 4. DATE Lost Month Year DECEASED EDWARD KOLB JOHN (Type or print) DEATH 1961 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS 84 birthday) Months Days Hours Hallo White June 1876 DIVORCED [ WIDOWED TY 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Farmer Farming Mt. Pleasant. Md. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. o Mrs. James A. Cutsail, Frederick. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) WEDICAL 20c. TIME OF INJURY Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) factory, street, affice bldg., etc.) Haur a.m. Whie Not while o. m. ol work ol work ta 9221/2-19 6, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased frame = 1961, and that death occurred at 2A M, from the cause and an the date stated above. saw the deceased alive an Musican 22a SIGNATURE 22b DATE 1961 GNED ATTENDING PHYS. DIRECTOR PHYS M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) B. O. Thomas. M. D. 228 N. Market St., Frederick, Md. 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (Stote) Burna A (Specify) Frederick, Maryland Frederick Memorial Park 5-16-61 25h REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR M. R. Etchison & Sen, Frederick, Maryland DATE MAY Ciriling & France

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. after death. Page 4, sined by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, if he detached for use as the burial-transit permit. Then please is a department of a should be filed with



ofter death Page 4 at y the funeral Air-

#### CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY o. STATE MARYLAND Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) hO Years Frederick d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 101 West Third Street Frederick Memorial Hospital NAME OF Eirst M.ddle Las! DECEASED ANDREW McCARE JOHN (Type or print) 72 hours ofter dea 6. COLOR OR RACE 7 MARRIED . NEVER MARRIED B DATE OF BIRTH S. SEX Male White WIDOWED [7] DIVORCED [ August 30. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Auto Garage Penna. Service Manager 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME event, within Hugh McGabe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) No 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if only, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY (1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) MEDI Hour om While Not while ot work 🔲 ot work p m 21. I certify that (I) (this haspital) attended the deceased fram MQBoard of Health

Henry V. Chase, M.D.

M. R. Etchisen & Sen. Frederick, Maryland

20,1961

saw the deceased alive an...

23o. BURIAL, CREMATION, 23b. DATE THEREOF

220 SIGNATUR

22c PHYSICIAN'S

NAME (Type)

Burial

24. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

M.D PHYS.

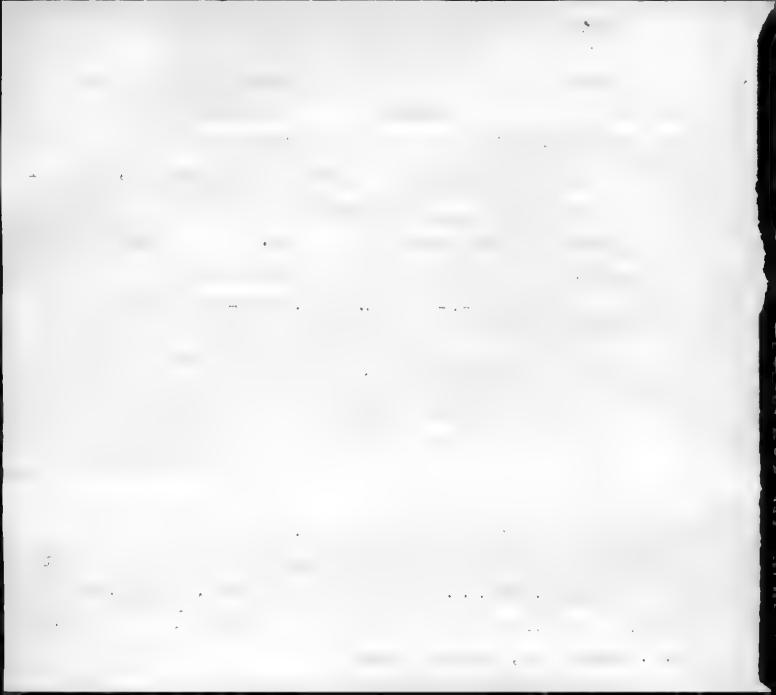
23c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Mount Olivet Cemetery

22d, ADDRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick S RESIDENCE ON A FARMS YES NO A DATE Month Yeor May 17. DEATH 19 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days yrs. 12 CITIZEN OF WHAT COUNTRY? USA Margaret O'Connor Address Mrs. Mary L. McCabe-Same as Item #2 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (Slote) 19\_6 (, that (1) (we) last 1961, and that death accurred 5:45 PM, from the causes and on the date stated above 22b DATE 6 NED DIRECTOR PHYS East Church Street, Frederick, Maryland 23d LOCATION (City, fown, or county) (Stote) Maryland Frederick. 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR Circling S. Henre DATE MAY 2 2 '61



director,

5612

TO FUNER TO HOSP!

VR A1S (4) 15M 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

v560;

	1. PLACE OF DEATH  O COUNTY		2. USUAL RESIDENCE (W	here deceased le		on Residence bi	afore admission)				
	Frederick	MARYLAND	Maryland Frederick								
	CITY OR TOWN (If outside corporate limits, will RURAL and give negrest fown)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1	d. NAME OF HOSPITAL (If not in haspital, give s	Years	Freder	ıcĸ	5		IC DECIDENCE				
	OR INSTITUTION	OR INSTITUTION					e IS RESIDENCE ON A FARM?				
	Frederick Memorial Hosp	<u>pital</u>	33 East 2n	d Street			YES NO	ð			
	3 NAME OF First	Middle	Last	4. DATE	Mon	Nh.	Day Yeor				
	(Type or print) LAURA	RUTH	McCARDELL	DEATH	Мау		3 19 61				
	5 SEX 6 COLOR OR RACE 7	MARRIED 🖾 NEVER MARRIED 🔲	8. DATE OF BIRTH	9	AGE (In years last birthday)		AR IF UNDER 24 HR	_			
	Female White Will	DOWED DIVORCED	Sept. 19, 18	86	74 yrs.	Manths Day	s Haurs Min,				
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar fareign cour	ntry)	12 CITIZEN	OF WHAT COUNTRY	¥?			
	House-wife	House work	Kansas			USA					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				_			
1	William K. Carlisle	3	Mary An	n Noonar	1						
]	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		Addi	953		-			
	(Yas, no, or unknown) (If yes, give wer or dates of service)	None Mr	s. Laura P.	Thomas	305 W.	2nd St.	Fred. Md				
	18. CAUSE OF DEATH (Enter only one cause p		. D. Transfer T.	. 110:000	202 114		NTERVAL BETWEEN	=			
	PART I. DEATH WAS CAUSED BY:	Ciacu ka ta	1.1 606	la l	10		NSET AND DEATH				
	1MMEDIATE CAUSE (a)	and any	19 000	us-p-	*** -						
	420.1 DUE TO	Muchand	: / . /	1	-0		5 eller	1			
	Conditions, if ony, which (b)	gave rise to immediate DISTO									
	(v) (y) of couse lost.										
	101.23										
	PANY II OF HER SIGNIFICANT CONDITIONS	ON CONTRIBUTING TO DEATH 83	MOT RELATED TO THE TERM	VIINAL DISEASE C	ONDITION GIV	EN IN PART 10	PERFORMED?				
		+ fullis car	an-jen	seen	107 11	/suua	YES NO	80			
	200. ACCIDENT WAS UNDERLYING 1 20b. OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	i Post   or Post II	or item [B.]						
		fo.	ACE OF INJURY (Home, for ctory, street, office bldg., et		r tawn)	(Coun	ly) (Stot	le)			
	Haur o m.	Vhile Nat while 100 Nork 100 North 100 Nor		1617	///	/					
	21 I certify that (I) (this haspital) of	tended the deceased from	4/15/11	961.10	5/2/	196/	that (I) (we) la	s I			
	saw the deceased alive on 5 /		death accurred 22:		a causas an						
	22a SIGNATURE	, 1				0 011 11 0 00	22b DATE				
	1 Hele Newi	ray tus,	M D PHYS.	MED.	STAFF PHYS	L Ma	y 1961 <sup>SIGNE</sup>	:D			
	22c PHYSICIAN'S NAME (Type)	1 4 67	22d. ADDRESS								
	Adel Demiray	M.D.	Frederick	Medical	L Center	, Frede	rick, Md.	B			
	230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATIO	N (City, town, o	or caunty)	(State)				
	Burial May 5. 1961	Mount Olivet	Cemeters	Freder	ri ok	Mary	rland				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	N.	'D BY REGISTRA		TRAR'S SIGNA					
	M. R. Etchison and Son.	Frederick Mars	rland NATE M	AY 8 '61		12.00 8 H					



5613 **CERTIFICATE OF DEATH** Rea. Dist. No. 岩 directar 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed , **b.** COUNTY MARYLAND Frederick Frederick Maryland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld vears Rural Rural Kevmar Kevmar d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES INO IX NAME OF First Middle 4. DATE Last Month Day Year DECEASED May 10, 61 (Type or print) Julian Miller DEATH Joseph 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED | Aug. 17.1904 Male White WIDOWED | papers. YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? West Virginia U.S.A. Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Miller Ester ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elf vas, give war Linda P.Miller %Robert White 2019 Flower Lane attending MATY LOTT WAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH 집 PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IO MME **DUE TO** à 10 ACLEROTIC permit. ony Conditions, if any, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO TH 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) USe Ноиг factory, street, office bldg., etc.) Q. ft. While Nat while p. m. of work of work 21. I certify that I oftended the deceased from 19\_\_\_\_that I lost saw the deceased olive on detach that death occurred at M, from the couses and on the date stated above. by the ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior place PHYSICIAN'S NAME (Type) 67 220. SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Joyn, or county) (Stote) REMOVAL (Specify) Md. 5/15/61 St. Joseph Morganza Burial 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 6 '61 VS A15 (4) W.Clarke Mattingley Leonardtown.Maryland arthur S. Krous DATE

death.

within

requires that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



5614

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05603

				**									
M		COUNTY	rederick		MARY	/LAND	USUAL RESID		rylanc	b. COUNTY	-	deric	
_	/ b	CITY OR TOWN (IF OR FINAL PROPERTY OF TOWN		verte c (	LENGTH OF STAY	Fi.		own (if a urma		rate limits, wrste R RD 1	URAL and gr	ve nearest tav	vn)
1	c	NAME OF HOSPITAL OR ASTITUTION Fraderi	(If not in hospital, give .ck Memor i	al H	es) [ospita]	1	d STREET AL	DDRESS				ON	SIDENCE A FARM?
		NAME OF DECEASED Type or print)	OSCAR		Middle F .	1	MILLER		4. DATE OF DEATH	Mar		Doy	961_
	-	s sex 6. Color or race 7. Married Never Married B Date of Birth male White Widowed D Divorced Aug. 11, 1885 9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Mours   Min.											
)	10a JSUA. OCCUPATION (G ve kind of work dane) during most of working life, even if relied) Bridge carpenter Western Md. R1 13. FATHER'S NAME					a. PR		yla	nd	iuntry)	12 CITIZ	U.S.A	
	13.		Miller						Ke 11	r			
		WAS DECEASED EVER IN		1	IAL SECURITY NO		RMANT		iller	Add Thurm		Md. R	D 1
* The	MEDICAL CERTIFICATION	Canditians, if any, gave rise to imm couse (a), slating the lying cause last.  PART B OTHER  PART B OTHER  PART B OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY ME  20c TIME OF INJURY Hour a.m. p. m.	WAS CAUSED BY:  MEDIATE CAJSE (a)  DUE TO  which to diate to the diate	ONS CON.  ONS CO	TRIBUTING TO DE  APTER E HOW INJURY OF  RY OCCURRED  Not while of work  the deceased	ATH BUT NO COURRED   20e. PLACE factor	AP7  OT RELATED TO  ENUTIC  Enter nature of  OF INJURY (fry, street, affice)  ATTENDING	THETERM HE injury in bldg., etc	Part or Part  n, 20f. (City  ALto  M. from  RED IRECTOR   IRECTOR   IRECTOR	ECONDITION GI	(C) 1969	1(0) 19 WAY PERF YESS	SALTOPSY ORMED?  (State)  (We) lost ad above. 225.DATE S GNED
	I	BUR AL, CREMATION REMOVAL (Specify)	236 DATE THEREOF 5-14-61		Blue Ri				Thu	rmont,	Mary.	land	atej
	a	ymond (	o Ollas	n	ADDRESS Thur:	mont,	Md.	250. REC	1 5 '61		ISTRAR'S SIG		
1	1	7											



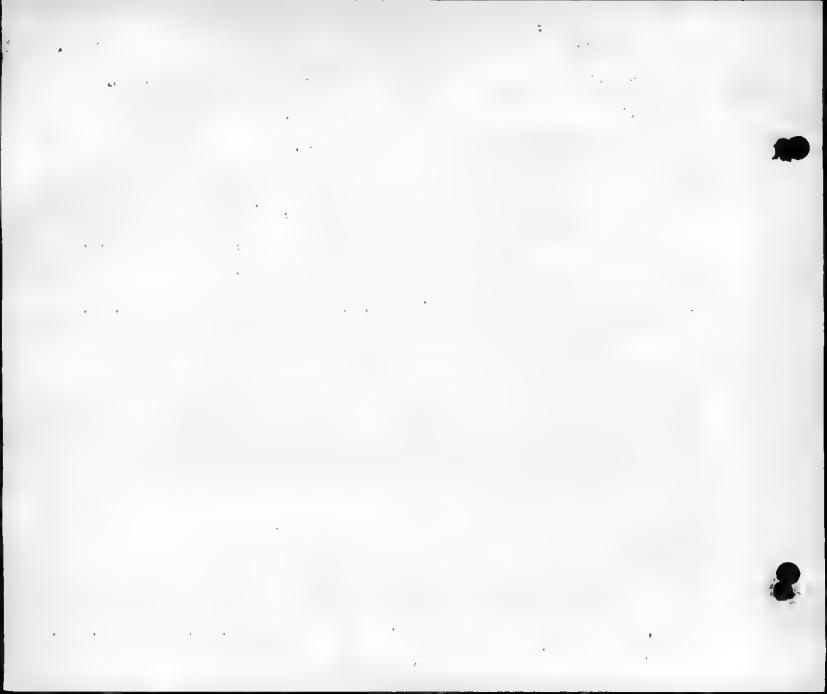
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

05604

	5615		CERTIF	ICA1	E OF DEA	HTA				<del>ს</del> 5 6	04
PLACE OF DEATH	derick		MARY	LAND	2. USUAL RESIDENCE. STATE		deceased lived	d. If institution b. COUNTY	n Resident		odmission)
b CITY OR TOWN RURAL and give	(If outside corporate liminearest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	WN (If outs		îmils, write RU			t tawn)
OR INSTITUTION	PITAL (If nat in haspital, ç N				d. STREET ADD	RESS	ir .	- /	1 -	0	IS RESIDENC ON A FARM
NAME OF DECEASED (Type or print)	derick Memor WINNIE		Middle		Route tosi MILLEN	4	DATE OF DEATH	Mon	th IAY	Day	Year 19 6
sex Female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		DATE OF BIRTH		las	SE (In years st birthday) CO yrs			UNDER 24 H
USJAL OCCUPA	ION (Give kind of work	dane 10b 1			<u>October 2</u> rry 11 birthplac			JO	12 CITI	ZENOFW	HAT COUNT
Housewif	arking life, even if retired		home		Carroll		ity, Mai	ryland	U,	S.A.	
	V. Davis					aret	Crouse				
S. WAS DECEASED E Yes, no, or unknown) NO	VER IN U. S. ARMED FOR (If yes, give wer or dates of a	ervice)	30CIAL SECURITY NO		David R	1147	ler. R	#1 K	ess SVMAT	1.3	
	EATH [Enter only one co	use per lin	e for (a), (b), and (c).	,						OŅSET	AL BETWEE
Canditians, if gave rise to cause to, statin lying cause las	g the under-	.)					AL DISEASE COI		EN IN PAR		WAS AUTOI PERFORMED ES NO
20a ACC DENT N OR CONTRIBUTION (IF EITHER, NOTIC	VAS UNDERLYING   IG   CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OF		/						
20c. TIME OF INJ	10	While	Not while at work		CE OF INJURY (Hor ary, street, affice bl		20f (City or to	own)	(0	Caunty)	(514
saw the dece	not (I) (this hospital	) aftend			5 / 6.	. 19 <i>4</i> 13 <i>1</i> 31		- 4			
22a SIGNAT IRE	hard C.	. 1	Eynold.	, N	ATTENDING PHYS.	MED DIREC	STOR   ST	AFF IYS		3	226 DATE
NAME (Type					22d. ADDRESS						
REMOVAL (Speci Burial	luay 11, 1	96 <b>1</b>	23c NAME OF CEMI Lutheran				d. location niontor	yn, Car	rroll	Co	(State)
4 FUNERAL DIRECTO	R'S SIGNATURE L'E	الم	ADDRESS	N'4.			Y 11 '61		STRAR'S S C		A

TO HOSPY VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

5-Pages Pa physician attending pl and

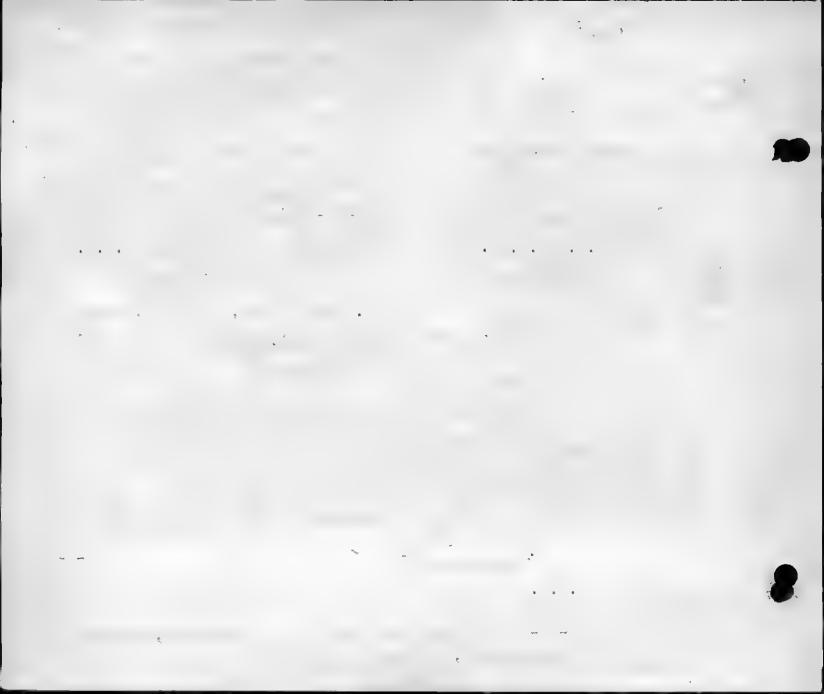
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nse

dan. g physic signed cate

director, page Se filed with the H YR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEA	LTH-BALTIMORE, 18
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5617 **CERTIFICATE OF DEATH**  Reg. Dist. No. 5606

	1. PLACE OF DEATH	***************************************				DENCE (Where	e deceosed lived.	If institutio	n: Residence	before admis	sion)
	· COUNTY	ederick		MARYLAND	o. STATE	iarvil a		. COUNTY	Fred	erick	
	b. CITY OR TOWN (IF	outside corporate limits,	write c. LENGTH	OF STAY IN 16			side corporate lim	its, write RU			
	Rural Har	risville	16	years	Rura	1 H	arrisvi	פוו			
		AL (If not in hospital, give	street oddress)		d. STREET A						SIDENCE FARM?
	R. D. Mt	. Airy			R. D.	Mt.	Airv				NO 🗆
	3. NAME OF DECEASED	First		Middle	Los		. DATE	Mont	h	Day	Year
	(Type or print)	ELLA		E. N	<b>YERS</b>		OF DEATH	Mac	1	3	196/
	S SEX	6. COLOR OR RACE 7.	MARRIED   NEV	ER MARRIED	B DATE OF BIRT	Н	9. AGI	(In years	IF UNDER 1 Y		
$/\!\!/$	Female	White w	IDOWED 💢	DIVORCED [	Sept.	9, 18	76 81	birthday)  - yrs.	Months Do	ys Hours	Min
	10a USJAL OCCUPATIO	N (Give kind of work doring life, even if retired)	ne 10b. KIND OF BU	JSINESS OR IND	USTRY 11 BIRTHPI	ACE (Stole or	foreign country)		12 CITIZEI	N OF WHAT	COUNTRY
	Housewii	e	Domes	tic	Ma	rylan	d		U	. S.	Α.
	13. FATHER'S NAME	ш			14. MOTHER'S	MAIDEN NA	ME				
	Irael	"aines			Sara	h An	n Long				
		IN U.S. ARMED FORCES		URITY NO.	INFORMANT			Addre	ess		
				M	irs. Geo	rge P	orter.	Same	as #	2	
	18. CAUSE OF DEA	TH [Enter only one couse	per line for (a), (b	), and (c).]			-			INTERVAL BI	TWEEN
	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (6)	Arterios	Cleroti	e Edvei	6-6-110	1200000	al D.		211116	
	142	DUE TO									,
	Conditions, if an										
	gave rise to in cause (a), stating t	nmediate									
	lying cause last.	(c)_									
	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTION	NG TO DEATH BL	T NOT RELATED TO	THETERMINA	AL DISEASE CONI	DITION GIVE	N IN PART 1	(o) 19 WAS	AUTOPSY DRMED?
	PART 11. OTH										NO N
	200 ACCIDENT WAS	CAUSE OF DEATH	6 DESCRIBE HOW	INJURY OCCUR	RED (Enter noture o	of rejury in Por	rt I or Part II of i	lem 18.)			
	3 20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCC	JRRED 20e.	PLACE OF INJURY	Home, form,	20f. (City ar tow	n)	(Cou	nty}	(State)
	20c. TIME OF INJURY	19	While Nol w	111162	factory, street, office	e bidg., etc.}					
		at I attended the d		-	105	7, to		1601	hat I lost	sau tha s	
	alive on /	12.	/ /		th accurred at						
	dire on	7	· Complement	ina mar aca	in accorred di		DRESS (Street, ci				TE SIGNED
	ACTUAL	1 - 1 (1)	Limit		44.5	4,401	S. 137	alh	5+	6/3	161
	SIGNATURE	L'an Crere	25000		M.D		4	50 4	/		f # 2
	PHYSICIAN'S NAME (Type)	W.B. C	4/12 /1			164.7	1119	files			
	220. BURIAL, CREMATION TO REMOVAL (Specify)		_	C	OR CREMATORY		2d. LOCATION (C	ity, town, o	r county)	(Sta	te)
	Durial	5-6-196	. 1=000		ve eme	tery	Freder			Maryl	and
	23. FUNERAL DIRECTOR'S		ADDR			24a. RECTO	BY REGISTRAR		TRAR'S SIGN		
	C. M.	Waltz.	Winfield	i. Mar	vland	DATE			, 200		

VS A1S (4) 1SM 9/58



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	5618 DIVI	SION OF S			OF DEATH		MARYLAND	U	5607
PLACE OF DEA o. COUNTY Fred	<sub>oriek</sub>		MARYL		USUAL RESIDENCE (W. o. STATE  Maryland	here decease	bCOUNTY	on Residence bef	fore admission)
	WN (If outside corporate fin	nits, write	c. LENGTH OF STAY	N 16	c CITY OR TOWN (IF	outside corpo	prote imits, write R	URAL ond give n	earest town)
Frede			Life	F	rederick		- //		
OR INSTITU	IOSPITAL (If not in hospital, ITON  Memorial Hos			30	d. STREET ADDRESS		ĺ		e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF	•	irst	Middle		Last	4. DATE	Моп	th C	ay Yeor
(Type or print)	Mand		May	My	rers	OF DEATH	May		6 1961
5 SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		ATE OF BIRTH		9 ACE (le veers	IF UNDER 1 YEA	R IF UNDER 24 HRS
Female	White	WIDOWE	D DIVORCED	□ At	igust 30,1		77 yrs	Months Doys	
10a USLAL OCCL during most o	JPATION (Give kind of work of working life, even if retire	done 10b i d)	KIND OF BUSINESS OF	INDUSTRY	11 BIRTHPLACE (Stote	e or foreign o	country)		OF WHAT COUNTRY
Housewi			usework		Doubs ,M	arylan	ıd	U.S	·A·
13. FATHER'S NAM	A.F.	-		1	4. MOTHER'S MAIDEN	NAME			
Willia	m Heffner			5	Susan Angel	berger	•		
IS. WAS DECEASE	DEVER IN U. S. ARMED FO	RCES? 16 5	SOCIAL SECURITY NO.	17 INFO			Addi	ress	
[Yes, no, or unknown]	[IF yes, give war or dates of		19-20-0985	Char	cles L.Myer	m. 30h	Park Ave.	Freder	ick.Md.
	F DEATH   Enter only one of		.,, ., .		***************************************	204			TERVAL BETWEEN
	DEATH WAS CAUSED BY:		A /			. C.	C-	10	YSET AND DEATH
	IMMEDIATE CAUSE		ACUTA	tay.	ocachai	(a lan	cheen		17hers
	DUE T	O	1214	/	11. 4	ha			\$ /
	to immediate	(b)	17/1 gel-	evote	C / teeus	1/6/2	ere_		) years
couse (a), st	oting the <u>under-</u> ( DUE I	0							
lying couse		(c)							
PART I	OTHER'S GNIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	MINAL D SEAS	SE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES INO
	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	11	RIBE HOW INJURY OC	CUR <b>red</b> . (E	inter nature of injury in	Port I or Po	rt It of ifem 18 }		
20c. TIME OF Hour		eor 20d. IN While of work	Not while	20e PLACE factory	OF INJURY (Home for , street, office bldg., et	m, 20f (Cit	y or town)	(County	y) (Stote
21 1 certify	y that (1) (this haspite	al) attend	ed the deceased	fram	5/14- 19	266. ta	5-16	1961	that (1) (we) las
	eceased alive an	5/6/		·	th accurred all	45	the course on		te stated above
220. SIGNATI			17,027 7 0110	mor ded	in discorred dy.	4	The cooses on	id on the do-	225. DATE
	# 1/1/2	2 arre	1 0 0 1	ΜD	ATTENDING A	MED DIRECTOR [	STAFF PHYS		SIGNED
22c. PHYSICIA	IN'S	0-0-	Leen	m D	22d ADDRESS	MECTOR L	1 1113 []		5/8/61
NAME (T	L.R.Schoo	Janean M	r.n.		910 m-12	House	Are Fre	damiak k	la.
22 21 2 2 2 2 2				wron an			Ave,Fre		
230 BUR AL, CREE	pecify)	OF.	23c NAME OF CEME			-	TON (City, town,		(Stote)
Burial	5/9/61		Mount Oli	vet C			rick, Mar		
	CTOR'S SIGNATURE	4	ADDRESS	_		D BY REGIS		STRAR'S SIGNAT	
M.R.Etchi	isom & Sen, 10	6 E.Ch	nurch St.Fr	ederi	ck, Md. DATE N	AAY 9	'61 Cu	relus 2. Hi	

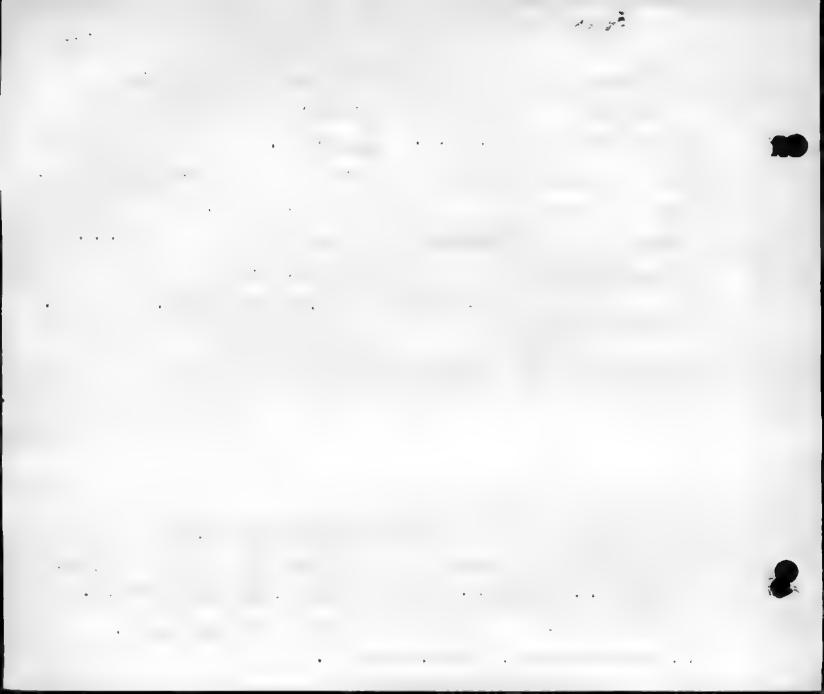
the funeral director, should be filed with and 2 may be DEUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO FUNER

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death Page 4

VR A1S (4) 1SM 9/S9

TO HOSPITAL



5618

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

u5608

- 1		NAC OF STATE	the state of the s
		PLACE OF DEATH  D. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 9. STATE b. COUNTY
		FREDERICK MARYLAND	MARYLAND FREDERICK
	ŀ	CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN Ib	c. CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest town)
7		RURAL and give nearest town)	C. CITI ON TO THE IT BUSINES COSPOSATE MINIS, WHICH WAS AND STORY OF THE COST
_		2 years	BRUNS VVICK.
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS a IS RES DENCE
1)		OR INSTITUTION CO	ON A FARM?
		TREPERICACOUNTY ALTRONIC MOSPI.	136 VV POTOMAC YES NOTE
	3. 1	NAME OF First Middle	Last 4. DATE Month Day or
		DECEASED (Type or print)  NEIL-FE  MALE	NICHAL C DEATH 5 2/ 9/
	_		1110,7000
	5 \$	6. COLOR OR RACE 7 MARRIED NEVER MARRIED 4	B DATE OF BIRTH  9 AGE (In years   IF UNDER I YEAR IF UNDER 24 HR lost birthday)   Months   Days   Hours   Min
		F. WIDOWED DIVORCED	7-3-1898 1.2, 405 10011
	10a	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUS	
	104	during most of working life, even if retired)	7
	F	Retired Telephone Operator	Maryland U.S.A.
	13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Dedrem C Michele	A de Translana
		Redger C.Nichels	Ada Veerkees
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN. no. or unknown) 1 (If yes, give wor or dotat of service)	IFORMANT Address
	1.00	No X	the Control of the French of Chant Change
			III Crace year Mill. I referred Country & proces
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	1 Alveantia (1)
		134X DUE TO	108/hal - Cal - :
		Candit ons, if ony, which ) (b) Lewester	1 Steleve Sclevs 5
		gove rise to immediate DUE TO	
		couse (a), stating the under (but to living cause lost.	
	CERTIFICATION	ARTH. OTHER SIGNIFICANT CONDITIONS CONSRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED?
	X	- Ilvere Muvaloed le	relientes YES NO D
	풀	204 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18)
	E S	OR CONTRIBUTING [] CAUSE OF DEATH 1	takes house at history in control of the control of the control of
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MFDICAL		ACE OF INJURY (Home, form,   20f (City or town) (County) (Stat
	ā	TO THINK INDITION	ctory, street, office bldg., etc.)
	*	p. m. 19 at work at work	
		21 1 certify that (I) (this haspital) attended the deceased fram	5/3 , 18/0/, to 5/26 , 18/0/, that (1) (we) to
-			
			leoth occurred at M, fram the couses and on the date stoted obove
3		22a SIGNATURE	27b DATE
á		( Inese	M.D PHYS DIRECTOR PHYS
		22c PHYSICIAN'S	22d. CODRESS
4		NAME (Type) 17 / SIDIRE	To hard and Mid
		Not to the least of the least o	1 7-1426m 11-4
	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	R CREMA (ORY) 20d LOCATION (City, town, or county) (State)
		REMOVAL (Specify) E 20 7067	
		Durial	hts Brunswick, Maryland
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REG STRAR 256 REGISTRAR'S SIGNATURE
	A.	Thungariak Mangland	and 31 61 Order S. House

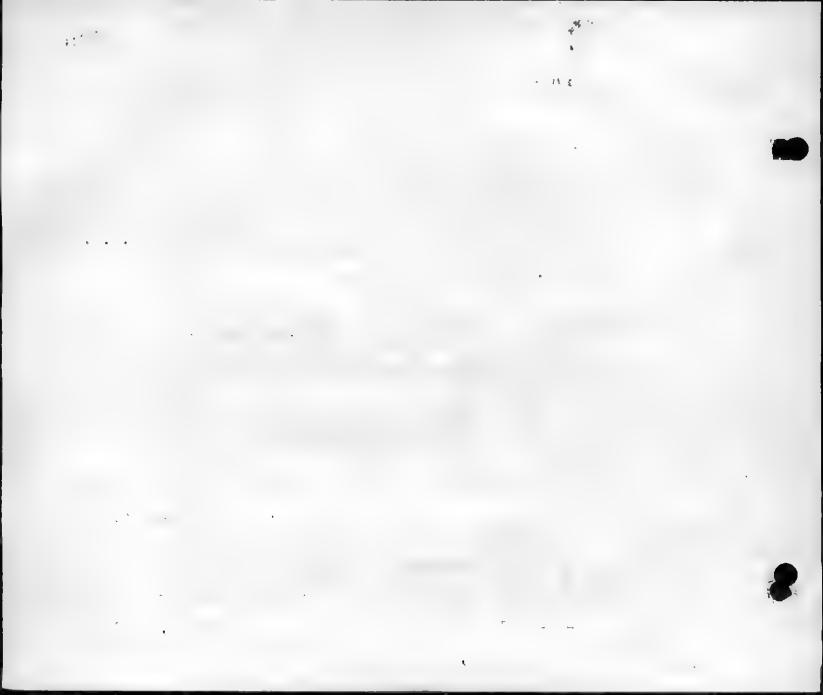
ofter death. Page 4

ian and campletely filled in 39 the fulleral director, caseon-popers. Pages I and 2 shauld be filed with may be by the haspital ar attending physician.

FUNER. CRECTOR: Aften this ment frate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove casen-papers. Pages 1 the State Board at Health prior to burial, cremotian, ar removal, and in any event, with 72 hours after death. 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPITAL TO FUNER VR A15 (4) 15M 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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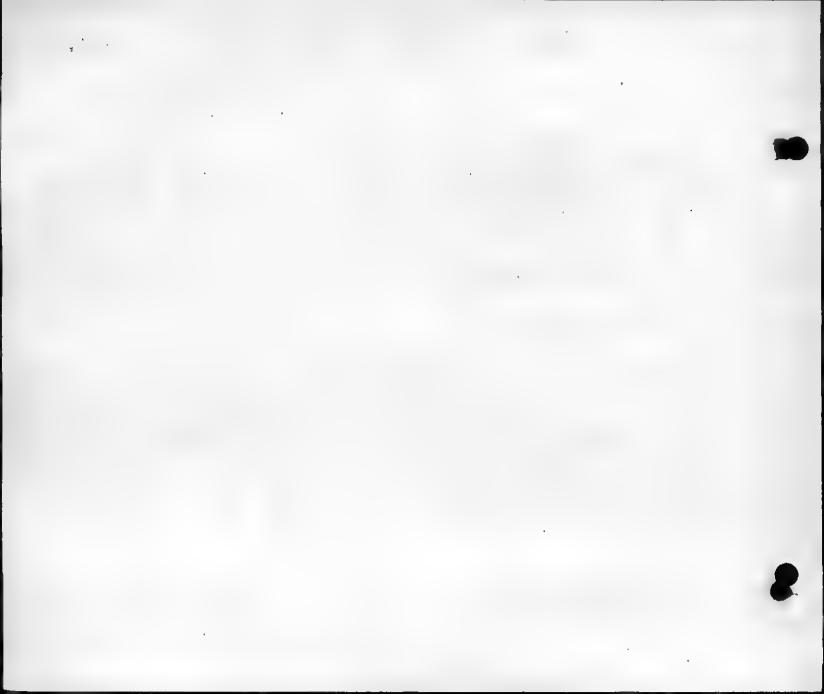
U OF. U	941111141		00()()	1.47
PLACE OF DEATH		2, USUAL RESIDENCE (Where deceme	ed lived. If institution: Residence before admis	ssion)
FREDERICK	MARYLAND	MARYLAND.	WASHINGTON	1/
b. CITY OR TOWN (If autside corporate limits, wri	te c LENGTH OF STAY IN 16		porote limits, write RURAL and give nearest tow	ver)
CHREDERICK	4DAYS	VARIZOWSBU	rc IIX	The same of the sa
d. NAME OF HOSPITAL (If not in hospital, give str QB, INSTITUTION	eet oddress)	d. STREET ADDRESS	e. IS RE	SIDENCE A FARM?
FREDIZICK MEMORIAL	HOSPITAL	KNOXYILLE MD.		NO
NAME OF First	M-ddle	Lost 4. DATE OF	Month Day	Year
(Type or print) NELLIS	CRACE	NOKES DEAT	MAV. 17.	196/
SEX 6 COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UND lost birthdoy) Months Days Hours	
FEMALE WHITE WIDE	OWED DIVORCED	JANUARY -17-1888	73 yrs # O Hours	Min
Ga USJAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign	country) 12 CIT ZEN OF WHAT	COUNTR
HOUSE WIFE	OWN HOME	VARROWSBUILL W	ASH. CA. PAID. 11.C.D	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4307	
CH INEIR VALLAN	CIAIC	ELIZABETA	KAETIEU	
S. WAS DECEASED EVER IN U. S. ARNED FORCES?		IFORMANT	Address Address	
Yes, no, or unknown) (If yes, give war of dates of service)	NONE A	RTHEIR KAENOKE	S. KNOKVILLIENID. 12.1	1
18 CAUSE OF DEATH [Enter only one couse p		KI HEIS A BENDILE	INTERVAL B	ETWEEN
PART I. DEATH WAS CAUSED BY	13	Parmana	ONSET AND	
MMEDIATE CAUSE (o)	orangen	- / remarka		
DUE TO	/			
Conditions, if ony, which ) (b) (b)				
couse (o), sloting the under-				
lying couse lost. (c)				
Pur II OTHER SIGNIFICANT COND TIO	NS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SECONDITION GIVEN IN PART 1(a) 19 WAS	ORMED?
In this school	" Crehal &	som mace:	Ve aboles YES I	NO [
200 AGC DENT WAS UNDERLYING   206 OR CONTRIBUTING   GAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injuly in Part I or P	ort Af of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		ACE OF INJURY (Home, form, 20f. (C	ty ar town) (County)	(Stat
	hile Not while work of work	ctory, street, office bldg., etc.)		
		12 14 20/1 m	h = 17 10// han 10	t> 1
21 I certify that (I) (this hospital) ath	1-70 2 1	1 045		
saw the deceased alive on 220 S GNATURE	196/ and that a	leath accurred at PM, from	the fauses and an the date state	d abay
		ATTENDING MED	STAFF	S GN
22c PHYSICIAN'S	me,	M D PHYS DIRECTOR L	PHYS	
NAME (Type)		A Lockets	in the	
	and the second s	ream		
BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY 23d LOC		ote)
BURIA - MAY. 20-1961	BROVINGVILLE		WALSVILLE VY ASH, CO. M.	12.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25d REC'D BY REG		
the trat	JOONSBORU IYL	D. DATE MAY 2.2	61 ant of three	

M

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n,24 in after death. Page 4 may be by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



## HEALTH DEPT

TO DEF.

EDICAL EXAMINER: This certificate should be executed within 24 hours after death If an a vis necessary, please exclude the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funetal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Berlith, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours filer death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

	MARI	LAND SIMIE DI	EPAKIMENI O	FREALIN	
Division of STATIS	TICAL RESEAR	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND
5621	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATI	STREET, BALTIMO	05640

L. COUNT Frederick  L. CHOST DOWN to during corporate I min.  L. CHOST DOWN to during the second to the part of the first appear to	.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	idence before edm ssion)
D. CHY OR TOWN HE outleds corporate limit, write RUBAL and give meanest lown.  We are the resulted from the property of the company of the co	ı	•. COUNTY Frederick MARYLAND		derick
Pearl  NAME OF DECEASE OF THE SHAPE OF DECEASE OF THE SHAPE OF THE SHAPE OF DECEASE OF THE SHAPE OF TH		b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b with RURAL and give negrest lowp)		
Pearl    Pearl		and the		
3. NAME OF PROPERTY SHARETTS EDITARD OLAND 19. DATE Month Day Year DECEASED (Type or print)  S. SIX   5. COLOR OR RACE! 7. MARRIED   NIVER MARNED   2 June 1890   7. AGE IN year. If UNDER 22 HBS.  Male   White   WIDOWED   NIVER MARNED   2 June 1890   7. AGE IN year. If UNDER 22 HBS.  NO   10. SUBAL OCCUPATION (G ve Ind of work widowed by the print of work part in the work of the print of the p				
DEATH   May   1, 1961			1	YES X NO
Male    Male   Whate   Whome   Never Married   No. Dever   2 June   1890   No. Dever   18	1	DECEASED	OF OF	
Male White widowid No.  10e. USUAL OCCUPATION (G. 'e find of work down down down down down difference)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole or foreign country)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole of FOREIGN COUNTRY)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole of FOREIGN COUNTRY)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole of FOREIGN COUNTRY)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole of FOREIGN COUNTRY)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Sole of FOREIGN COUNTRY)  10f. KIND OF BUSINESS OR INDUSTRY II. BIRT				
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country)  11. EATHER SHAME DAVID P. OLAND  13. FATHER'S MANE DAVID P. OLAND  14. MOTHER'S MANDEN NAME CAthORINE DOLL  15. WAS DECASSED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause part time for (e), (b), and (c), a		Wala Wala	June 1890   Jest birthdey   Months   De	
Tather's name   David Po Oland   Social Security No.   14. Mother's make   David Po Oland   14. Mother's make   David Po Oland   15. WAS OCEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO.   17. INFORMANT   U.O.   Lee APlrace,   Prederick,   Md.   Prederick,   Prederick,   Md.   Prederick,   Md.   Prederick,   Md.   Prederick,   Prederick,   Md.   Prederick,   Prederick,   Md.   Prederick,   Prederick,   Md.   Prederick,   Pr		100. USUAL OCCUPATION (G ve kind of work 1305 KIND OF BUSINESS OR INDUSTRY		N OF WHAT COUNTRY?
David P. Oland  I.S. WAS DELASTED EVERN U.S. ARMED FORCES? IG SOCIAL SECURITY NO. 17. INFORMANT (Ves., no., or unknown) (Ilyes grower orderes of service)   213-21-8772   David D. Oland, Frederick, Md.  18. CAUSE OF DEATH [Finise only one course partine for (e), (b), ond (e).]  PART I. DEATH WAS CAUSE BY. COTOMARY OCCLUSION  DUE TO (conditions, II say, which gave rise to immediate cause (e), stelling the underlying of the conditions of the c		Retired-Farmer Farm Owner	Maryland USA	Ŧ
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17. INFORMANT   102 Lee APPRACE,   103 Lee APPRACE,   103 Lee APPRACE,   103 Lee APPRACE,   104 Lee APPRACE,   105 Lee APPRACE,			14. MOTHER'S MAIDEN NAME	
County   C				
18. CRUSE OF DEATH [Enter only one cause partine for (e), (b), end (e).]   PART I. DEATH WAS CAUSED BY, COPONARY OCCLUSION   ONE AND DEATH MINUTES     Conditions, ii shy, which gave rise to immediate cause (e), stelling the underlying (c)   PART II FOTHER SIGNLE[CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (e), 19. WAS AUTOPSY PERFORMED? YES NO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	402 200 12400	
PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, If any, which gave rise to immediata cause (b)  DUE TO  Conditions, If any, which gave rise to immediata cause (a), steling the underlying cause lest.  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II 'OTHER S.GN.FICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(	J	No 213-24-8772 Day	rid D. Oland, Frederick, Md.	
Mind				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II 'OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? YES NO XX PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nedure of injury in Part I or Part II of Itam 18.)  PRIMARY or CONTRIBUTING CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nedure of injury in Part I or Part II of Itam 18.)  20c. ITAM OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, factory, street, effice bldg., etc.) factory, street, effice bldg., etc.) factory, street, effice bldg., etc.) and in my opinion death resulted from Natural causes XX Accident . Suicide . Homicide . Undetermined manner .  21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion death resulted from Natural causes XX Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . DEPUTY MEDICAL EXAMINER . DATE SIGNED DEPUTY MEDICAL EXAMINER . DATE SIGNED DEPUTY MEDICAL EXAMINER . DATE SIGNED . Addrass (Street, city, town, or county) . Stele) . The Country . Suicide . Suic		PART 6. DEATH WAS CAUSED BY: Coronary Occlusion	1	
gave rise to immediate cause (a), stating the underlying course lest.  PART II 'OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOW  VES NOW  PART II 'OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOW  VES NOW  VES NOW  PRECORDED  YES NOW  VES NOW  VES NOW  PRECORDED  YES NOW  PRECORDED  YES NOW  YE		470,1 DUE TO		
[a), stating the underlying cours last.  PART II 'OTHER S.GN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO.XXXIII NO.XXIII NO.XXXIII NO.XXXIII NO.XXXIII NO.XXIII	1	1-1		
PART II OTHER SIGN.FICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO XX  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Part 1 or Part II of Itam 18.)  20e. TIME OF INJURY Month, Dey, Year 19 al work No While Not Not While Not While Not Not Not While Not		AUT TO		
20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Itam 18.)  20e. IME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) Hour e.m. 19 While Not While et work 4 text of work 19 work		10/		MINE 1. ARE
20c. TIME OF INJURY Month, Dey, Year Hour e.m., p.m. 19   While al work   Not While al work   Not While al work   Not While all work		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Dey, Year Hour e.m., p.m. 19   While al work   Not While al work   Not While al work   Not While all work		3		YES NO XX
21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion death resulted from. Natural causes X. Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER  DATE SIGNED DEPUTY MEDICAL EXAMINER  DATE SIGNED DEPUTY MEDICAL EXAMINER  2 May 1961  222. BURIAL, CREMATION, 22b DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Function & Son, Frederick, Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Rec'd by Registrar 24b. Registrar's Signature		20e. EXTERNAL CAUSE WAS  PRIMARY ☐ or CONTRIBUTING ☐  CAUSE OF DEATH.	ntar neture of injury in Part I or Part II of itam 18.}	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion death resulted from. Natural causes X. Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER  DATE SIGNED DEPUTY MEDICAL EXAMINER  DATE SIGNED DEPUTY MEDICAL EXAMINER  2 May 1961  222. BURIAL, CREMATION, 22b DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Function & Son, Frederick, Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Maryland ADDRESS Maryland Rec'd by Registrar 24b. Registrar's Signature ADDRESS Rec'd by Registrar 24b. Registrar's Signature		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or lown) (County	(Stala)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER LASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER LASSISTANT M		Hour s.m. While Not While Port Work at work at work	ry, sirest, office blugs, etc.)	
death resulted from. Natural causes Accident . Suicide . Homicide . Undetermined manner .  CHIEF MEDICAL EXAMINER .  ACTUAL SIGNATURE . DATE SIGNED  DEPUTY MEDICAL EXAMINER . DATE SIGNED  DEPUTY MEDICAL EXAMINER . 2 May 1961  22a. BURIAL CREMATION, 22b DATE THEREOF . City, town, or country). REMOVAL (Specify) . Durial . Date thereof . Signature . Date thereof . Signature . Signature . Signature . Signature . Date signed . Deputy Medical Examiner . Date signed . Deputy Medical Examiner . 2 May 1961  22a. BURIAL CREMATION, 22b DATE THEREOF . Signature . Signature . Date . Registrar's Signature . Date . Registrar's Signature . Date . Registrar's Signature . Date . Rec'd by Registrar . 24b. Registrar's Signature . Date . Rec'd by Registrar . . Date .			d an Autopsy . Inspection X . Inquiry X. a	and in my opinion
ACTUAL SIGNATURE  SIGNATURE  DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2 May 1961  22a. BURIAL CREMATION, 22b DATE THEREOF  REMOVAL (Specify)  Burial  23. FUNERAL DIRECTOR  M. R. Etchison & Son, Frederick, Maryland  DATE SIGNED  DEPUTY MEDICAL EXAMINER   2 May 1961  22d. LOCATION (City, town, or country)  Mount Olivet Cemetery  Frederick, Maryland  24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE		death resulted from Natural causes XX Accident . Suicident .	de . Homicide . Undetermined manner	
DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUT		2 M	CHIEF MEDICAL EXAMINER	
DEPUTY MEDICAL EXAMINER (1700)  NAME (1700)  B. O. Thomas, M. D.  Address (Sireet, city, town, or county)  2 May 1961  22a. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)  Burial  ADDRESS  M. R. Etchison & Son, Frederick, Maryland  DEPUTY MEDICAL EXAMINER (1700)  2 May 1961  22d. TOCATION (City, town, or county)  Frederick, Maryland  24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE			ASSISTANT MEDICAL EXAMINER	DATE SIGNED
222. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) Burial  22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) Mount Olivet Cemetery  Frederick, Maryland  23. FUNERAL D.RECTOR M. R. Etchison & Son, Frederick, Maryland  24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE			DEPUTY MEDICAL EXAMINER	35 30/3
REMOVAL (Specify) Burial 5_1_61 Mount Olivet Cemetery Frederick, Maryland  23. FUNERAL D.RECTOR M. R. Etchison & Son, Frederick, Maryland  ADDRESS M. R. Etchison & Son, Frederick, Maryland			Address (Street, city, fown, or county)	May 1961
23. FUNERAL D.RECTOR  M. R. Etchison & Son, Frederick, Maryland  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		REMOVAL (Specify)		(State)
PAPE .		23. FUNERAL D.RECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	IATURE
MAY 3 -61 Cather S. Keese		M. R. Etchison & Son, Frederick, Maryla	0.470	
	J		MAY-3 '61 Cuttur 1. 16	



funeral and Pages 1 hours after papers physician attending pl and Then <del>1</del>2e 35 cert TOR:

filed. FUN ÷ 8 O VR A15 (4) 15M 9/60



YLAND STATE DEPARTMENT OF HEALTH



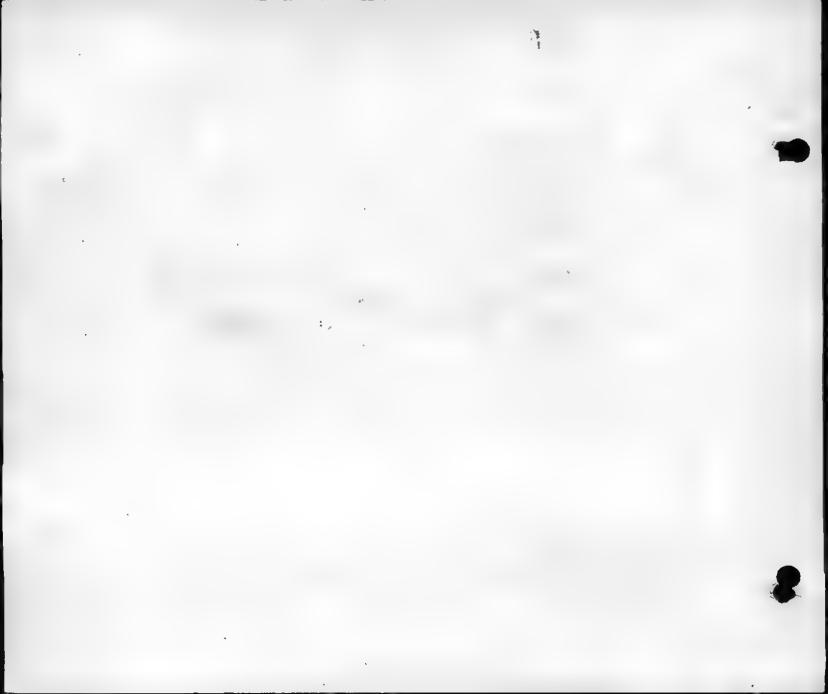
TO HOSPITAL

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 5624 CERTIFICATE OF DEATH

05613

	1	PLACE OF DEATH				2 USUAL RESI	DENCE (Where deced	sed fived If institute	on Residence befo	ire admission)
	1	a. COUNTY ,	FreDer	ic.K	MARYLAND	o. STATE	VIII AN	b. COUNTY	+011	a-ct
	1		(IF autside carparete limit		GTH OF STAY IN 16	c. CITY OR	TOWN (If outside co	rporote limits, write R	URAL and give ne	orest tawn)
		TIP CO		37	Apus	1	110~10	K	1 .	
E			ITAL (If not in hospital, a	ive street address)	*10-9-5	d. STREET A	DDRESS			e IS RESIDENCE
	Ţ.,	reneric	A 051	Manico	HOSPITAL	20	£ 6"	ST	1	YES NO NO
	3. 1	NAME OF DECEASED	Fire	st	Middle	Las		E Man	th Do	y Year
			1276210	7		Reese	OF DEA	TH of	9	4961
	5. 5	SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years		IF UNDER 24 HRS
	F	emale.	CALCRO.D	WIDOWED X	DIVORCED [	4-14	-1876	lost birthdoy)	Months Doys	Hours Min
	10a	USUAL OCCUPAT	ION (Give kind of wark corking life, even if retired)	done 10b. KIND O	F BUSINESS OR INDL	STRY 11 BIRTHPL	ACE (State or foreign	cauntry)	12. CITIZEN OI	WHAT COUNTRY?
71		2 2 - 10	L Work			- 75 N	NSILVA	U 10th	14.S	H
Л	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			
		U.	NKNOUN	/		MA	211 461	TALEIN	2/11	11.0000
	15 (Yes	WAS DECEASED EN	ER IN J S ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17	NFORMANT	1	Add	ress -	
		No	(II Jan, give wor or ourse or so	UNK	NOWN N	ARIE	Grec.	N 4	OG Nilo	JLE SI
		IB CAUSE OF D	EATH [Enter only one co	use per line far (a	). (b), ond (c) ]					ERVAL BETWEEN
		PART I D	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	C/	Luis	my	coardi	tin	ION	SET AND DEATH
		442	(·2 DUE TO					- 4		
		Conditions, if		1						
		gove rise to couse (a), statin	immediate (							
	i	lying couse los								
	Q.	PART II O	THER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(0)	9 WAS AUTOPSY PERFORMED?
	CAT									YES NO [2]-
	CERTIFICATION	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	205 DESCRIBE HO	OW INJURY OCCURR	D (Enter nature a	finjuty in Port 1 or 1	ort If of item 18.)	,	
			JRY Manth, Doy, Yea	or 20d INJURY C	CC. IPPED 20e PI	ACE OF INILIPY	Home, form, 20f. (C	the set town)	(County)	(Cantal)
	MEDICAL	Hour am	10		it whitefc	ictory, street, affice	bldg , etc )	iny or idwn)	(County)	(State)
		21   certify th	ot (I) (this hospital	) oftended the	deceased from		1056 10	Mily 7	106/ th	ot (I) (we) lost
			osed alive on ML		/ /			m the couses an		
		220 S GNATURE	HEIN	0	2.2, . 0110 11101	1	on Deepwing troi	iii iiic cagses an	d dil the dole	226 DATE
			NVICLE	ul		M D PHYS	MED DIRECTOR [	STAFF PHYS	Thea	1. 11 GIGNED
		72c PHYSICIAN'S NAME (Type)	HEKI	/=		228 ADDRI	SS	47.	. 1	
			11.1.11	INS	V4.12	77	Edinos	c ma	· /	
	23a	BUR AL, CREMATI	ON, 236 DATE THEREO	F 23c N	AME OF CEMETERY C	R CREMATORY	238 100	CATION (City, Iown,	or county)	(Stote)
	b	UMAL	" 5-//-	6/ FA	WYICW		Ŧ,	derich	- M	d
	24	FUNERAL DIRECTO	R'S SIGNATURE		DRESS	(a j	250 REC D BY REG	STRAR 255. REGIS	TRAR'S SIGNATU	RE
	(	ik HI	0/15-11	Tred.	ench -/	Md	DATMAY 15	61 an	hus S. How	A



may be by the hospitol or attending pflysicion.

TO FUNERAL SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. ter death. Page 4 ATTENDING MIYSICIAM: The low requires that the death certificate be executed within 20

MARYLAND STATE DEPARTMENT OF HEALTH

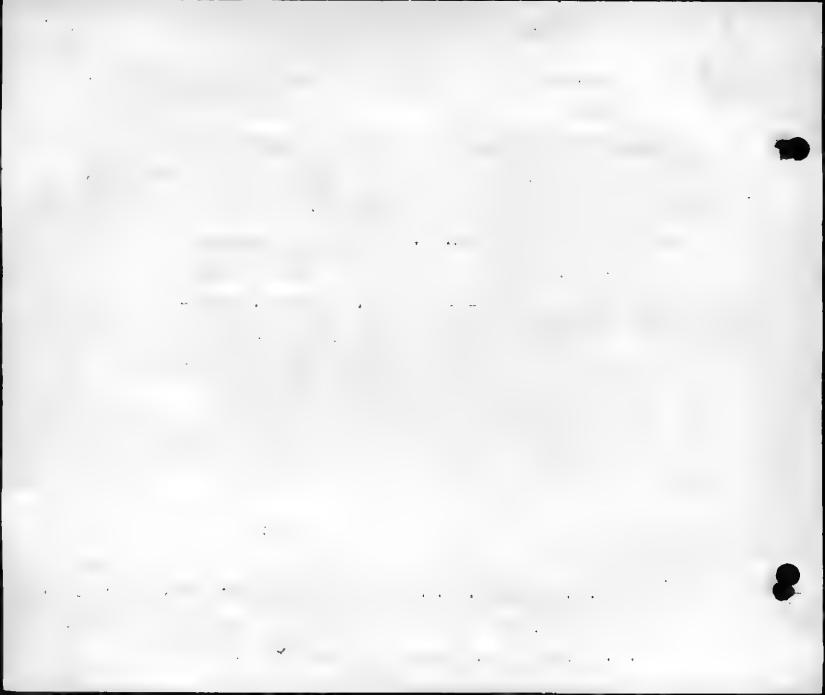
5625 CERTIFICATE OF DEATH

USGIA

	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institut b. COUNTY	ion: Residence before admission)
$\vdash$	Frederick		Maryta	JACOL	110401101
Y	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16	Freder	outside corporate limits, write l	KUKAL and give nearest town!
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Frederick Memorial Hospi	ital	231 South	n Market Stree	t YES NO
3.	NAME OF First	Middle	Lost	4. DATE Mo	nth Day Year
	(Type or print) CLINTON	MELVIN	RHOADES	DEATH MA	y 26, 19 <b>61</b>
5		NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWS	ED DIVORCED	July 29, 1900	) last birthday) O yrs.	Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or fore-gn country)	12. CITIZEN OF WHAT COUNTRY?
	Supervisor	Elect. Co.	3	Maryland	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	JAME	
	Charles M. Rhoades		Mary A	Anne Haller	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	VFORMANT	Ade	fress
1,,,		16-14-6326 M	rs. Elizabeth	C. Rhoades-Sa	me as Item #2
F	18. CAUSE OF DEATH [Enter only one couse per lig	ne for (g) (b), and (c).]	1	0 1.	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	bittees- S	aleralie 1	react des.	1/40
	4200 DUE TO	0 0			1
	Conditions, if any, which ) (b) (LL	ithe Varle	rior myo	card. upone	CLOSE 14 MOS.
	gove rise to immediate Couse (a), stating the under-	101.	P -d	11.10	77 1.11
	lying couse lost. (c) Que	a curerie 1	way you	une	3 wach.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED THE TERMI	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Carcinoma of -	reelum			YES NO
CERTAR	20g. ACCIDENT WAS UNDERLYING 201/ DESI OR CONTRIBUTING 201/ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in t	Part I or Port II of item 18.)	
N	20c, TIME OF INJURY Month Day Year 20d, II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City or town)	(County) (State)
MEDICAL	Hour o. m. 19 While	Not while for	ctory, street, office bldg., etc.	-)	
2				50, 1026 Man	20 (4) 11 11 11 11 11
	21. I certify that (I) (this haspital) attend		_ ,		19.4. that (I) (we) last
	saw the deceased alive an 26 Mac	and that a	death occurred affer?	MA, from the causes a	nd an the date stated above.
	Charles H Coule	ca V		ED. STAFF	5/27/61 SIGNED
	22c. PHYSICIAN'S	10	22d ADDRESS	RECTOR PHYS.	7/2//01
	C. H. Conley.	Jr., M.D.	Profession	nal Buildging.	Frederick, Md.
234	BURIAL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town,	
	REMOVAL (Specify) Burial May 29,1961		t Cemetery	Frederick,	Maryland
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	M. R. Etchison & So	n, Frederick.		MAY m . Ct	
				1	Challing S. Krowns

VR A15 (4) 15M 9/59

TO HOSPIT



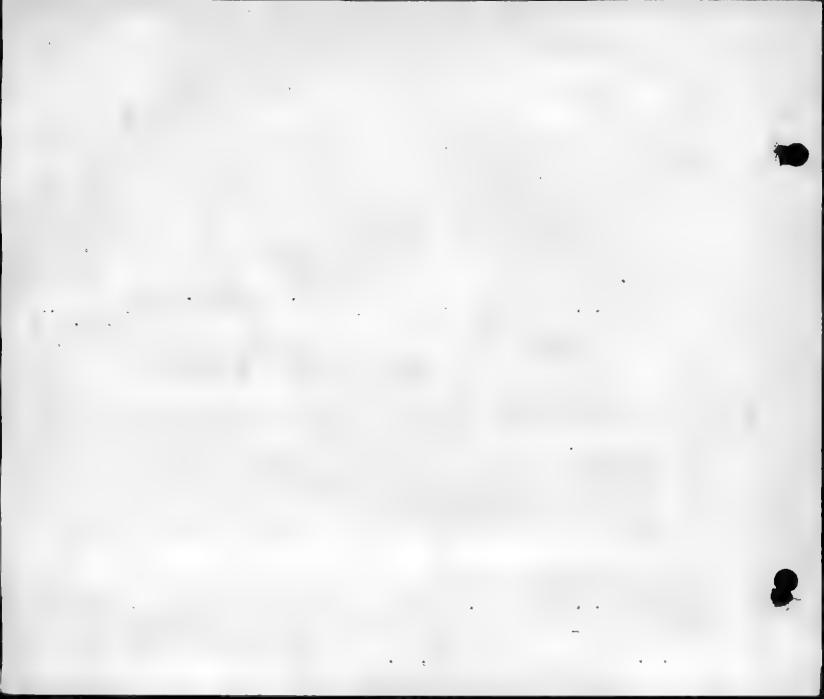
## FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. U5615

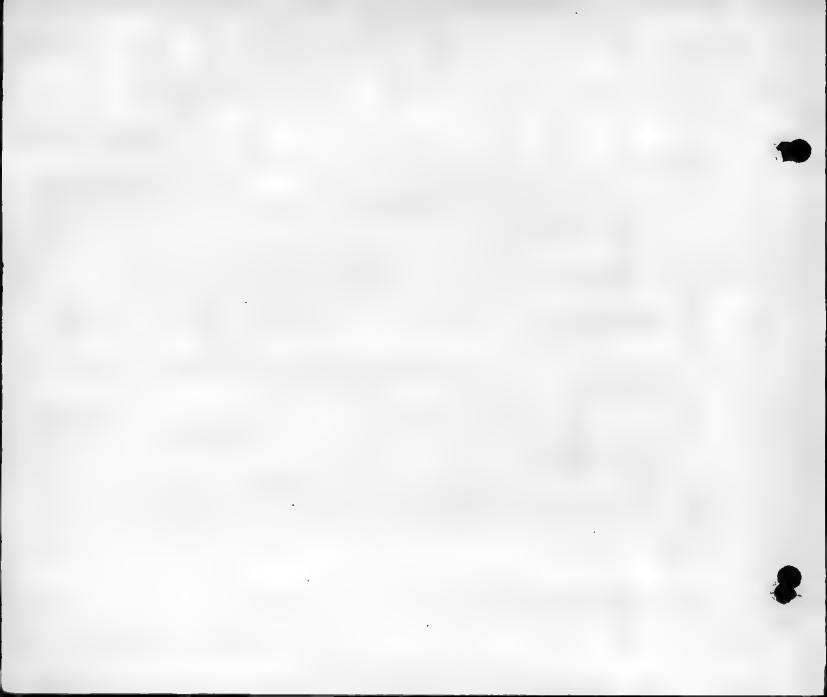
- 1:		P481 9191 1191
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived It institution Residence before add
1	Frederick MARYLAND	o STATE W/Na// b COUNTY Balto. Cit;
4	b. CITY OR TOWN (it autside corporate I must wire BURAL and give nearest fewn)	c CITY OR TOWN [If oulside corporate finits, write RURAL and give pearest town]
-	Frederick 24 hours d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress)	Newton Baker Hospital, Marainsburg
-tubus	DOA Frederick Memorial Hospital	d Street Address 808 East Priston St. Sires De St. ON A CON
ľ	3. NAME OF F131 Middle	Lost 4. DATE Month Day Year
1	(Type or print) Dennis John	Roche Death Mat 19 1961
1	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18	DATE OF BIRTH 9 AGE (In year) IF UNDER 14 ARS
1		June 25, 1891 69 yrs Months Days Hours Min
1	100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTR	
	during most of working life, even if retired)  City of Baltimore	
	13 FATHER'S NAME	Baltimo Cocity U.S.A.
Y	John T. Roche	Agnes Hart
4	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN 1990, or britishnown) 11 11 Page 199 may or do'es of between 19 TO TE 9 246 TO	FORMANT Mrs. Katherine A.AdDbyle
	Yes I. W. W. 219-16-8246	Richitscolucidobbookhok 431 Spotswood Ave.,
f	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Norfolk 17 Norfolk 17 Norfolk
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiae	Orrest models
١	LA A G COUETO	
	Conditions, if any, which (b) Servel old my	marded Interest
	Societies to minimization coose (	
1	(a), stating the underlying DUE TO	
	Z FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	PERFORMED? YES TO NO
	206 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter PRIMARY ) or CONTRIBUTING	ster nature of 'n viry in Part 1 or Port II of Item 18)
	E PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	,,
	3 20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 1201 (City or lown) (County) (State)
1	70c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAC While Not while factor of work of work	ry, street, office bldg , etc.)
	21. I certify that I taak charge of the remains described above	re, held an Autopsy (7), Inspection (7), Inquiry (7), and in my
1	opinion death resulted fram: Natural causes XI, Accident	
۱	Topinosi dediti resisted italii, redistra edoses par, recisent	, Johnson J., Hamiciae L.J., Ondererminea marilei
	ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER T
	SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER THE Mat 19,1961
-	220 BURIAL CREMATION, 226 DATE THEREOF 1220 NAME OF CEMETERY OR C	
	Burral (Specify) 5-25-61 Arlington Nation	onal Cemetery Fort Myer, Virginia
-	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
1	M. R. Etchison & Son, Frederick, Md.	MAY 2.5 '61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delinecessary, please execute ifficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fit director. Page 4 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death VS A15ME 5M 2157



CERTIFICATE OF DEATH Reg. Dist. No. director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY ... **b.** COUNTY be filed MARYLAND death. b. CITY OR TOWN (If obtaide corporate limits, write 50 c. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give recrest town) ploors d. NAME OF HOSPITAL (If not in hospitol, OR INSTITUTION d STREET ADDRESS give street oddress) e. IS RESIDENCE ON A FARM? YES TO NO D pud NAME OF 4. DATE First Middle Lost Month Year Day **OF** DEATH (Type or print) mai 19 6 9. AGE (In year) lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TI 8 DATE OF BIRTH Months Doys Hours WIDOWED | DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) that the **DUE TO** Conditions, if any, which gove rise to immediate DUF TO couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) [County] factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram 192 \_\_\_that | last saw the deceased and that death accurred at RCL M, from the causes and on the date stated above. alive on M CTOR ADDRESS (Street, city or town, state) DATE SIGNED 2 ě ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO HOSF 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION/ICity, town, or county) (Stote) TO FUN page REMOVAL (Specify) meler 23. FUNERAL DIRECTOR'S SIGNATURE R4a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Thousa DATEMAY 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PLACE OF DEATH

d. COUNTY Frederick

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

MARYLAND

c. LENGTH OF STAY IN 1b

#### CERTIFICATE OF DEATH

Maryland

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0	has been signed by the attending physician and campletely filled in Ly the funeral director,	ial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be filed with	natian, or removol, and in any event, within 72 hours after death.
3 %	pe :	=	, E
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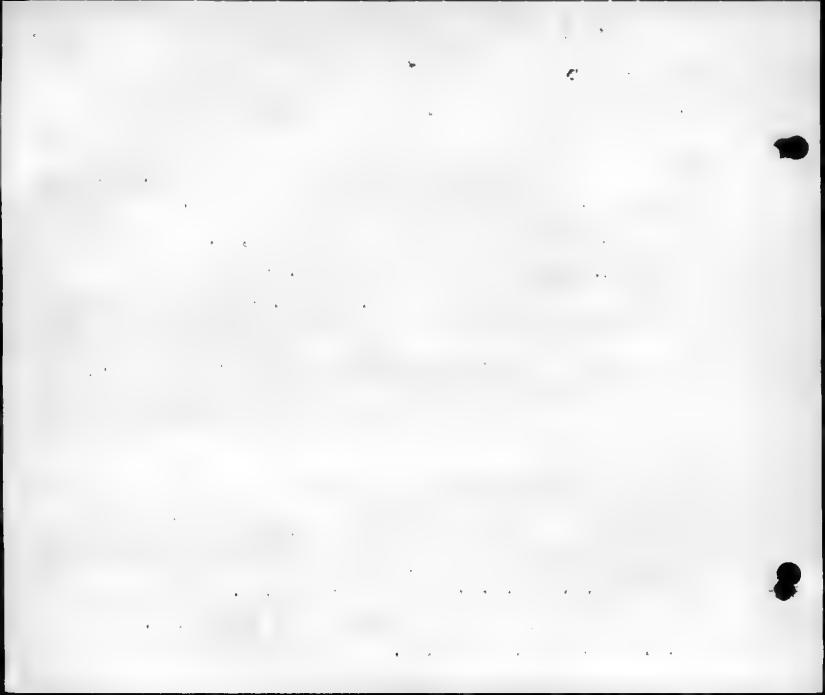
law requires that the death certificate be executed within

ATTENDING PHYSICIAN: The

b. CITY OR TOWN (If outside corporate limits, write Jefferson 65 years Jefferson d NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS OR INSTITUTION NAME OF First Middle Loci 4. DATE DECEASED MYRTLE VIRGINIA SHAFF (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8 DATE OF BIRTH 12 Jan 1890 Female White WIDOWED | DIVORCED [ 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
HOUSE-WOLK At Home Lovettsville. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fannie V. Zimmerman Raymond L. Shaff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT None Mrs. Lillian A. Bussard (Same as item #1) 18 CAUSE OF DEATH (Enter only one couse per light fof (p), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cert ficate h 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Cre (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF NJURY (Home, farm, 20f (City or town) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while hasp tal ar After this a of work of work 21 I certify that (1) (this haspital) attended the deceased from MANT detoched A and that death occurred 6:154M, from the causes and on the date stated above. saw the deceased alive on by the P 220 SIGNATURE ATTENDING 8 PHYS DIRECTOR PHYS pluods 22c, PHYS CIAN'S 22d ADDRESS NAME (Type) T. Brice. M. D. Jefferson, Md. FUNER C 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUFTAT (Spec fy) 5-26-61 Lutheran Cemetery 0 24 FUNERAL DIRECTOR'S SIGNATURE Son, Frederick, Md. 250 REC'D, BY REGISTRAR MAY 2 9 '61 DATE

2 USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) **b** COUNTY Frederick c. CITY OR TOWN (If autside corporate limits, write RURA», and give nearest town) a IS RESIDENCE ON A FARM? YES NO Month Year Day May 24. 1961 IE UNDER I YEAR E UNDER 24 HRS. 9 AGE (In years birthdoy) Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH 20 Solens 15 5 PERFORMED? YES NO N (County) (Stote) 22b DATE 196 GNED 23d LOCATION (City, town, or county) (Stote) Jefferson, Md. 256 REG STRAR'S SIGNATURE arthur S. Trans

VR A1S (4) 1SM 9/S9



VS A15 (4)

15M 9/5B

F.3

with

PLACE OF I · GOUNTY

d. NAME O OF INST

NAME OF

DECEASED

(Type or pri SEX

		AND	STATE DEPAR	TME	NT OF H	EALTH	-BAL	IMORE, 1	8			
5	629		CERTIF	ICA	TE OF D	EATH	1		Reg. Di	it. No.	v56	18
ACE OF DEATH GOUNTY Frederi	ck		MARYLA	ND	2. USUAL RESID	ence (Whe	ere deceased	lived. If institution b COUNTY		deri		1}
CITY OR TOWN (IF RURAL and give no Preder 1	outside corporate limi arest town) CK	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TO		utside corpor	ote limits, write RI	JRAL ond	give neare	st town)	
OR INSTITUTION	rollton				d. STREET AC	West	All	saints	St	2	IS RESIDI	ARM?
AME OF CEASED (pe or print)	Fir Be s	sie	Middle <b>B</b> ucke	tt	tos Smi	th	4. DATE OF DEATH	Mon	th	Doy 17	Yes	61
male	6 COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRIED  DIVORCED [	_	DATE OF BIRTH	1904		9 AGE (In years tost birthdoy) 57 yrs	IF UNDER Months	_	UNDER Hours	24 HRS Min
USUAL OCCUPATION CONTROL OF WORKS  Domesti	ing life, even if retired	ione 10b.	KIND OF BUSINESS OR I	NDUST		ce (Stole o	_	untry)		ZEN OF W		JNTRY?
arence	Duckett				Cora							
AS DECEASED EVE-			SOCIAL SECURITY NO 20-36-756		FORMANT			Addr 191 A		aint	s St	-,
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	<u>a</u>	ne for (a), (b), and (c).	te	Rand			**			AND D	EATH
Conditions, if on gove rise to in couse (a), stating t lying couse lost.	nmediote		rabetes m	-el	lita.					ov	er y	yn
PART II. OTH	ER SIGNIF CANT CON	DITIONS C	ONTRIBUTING TO DEATH	BLTN	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	en in par		PERFORA	

F'emal 10a. USUAL OC during mo Dom 13. FATHER'S N Clare 15 WAS DECE No IR. CAUS Conditio gove ri couse (a) lying co ICATION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) MEDICA 20e. PLACE OF INJURY (Home form, 20f. (City or town) 20c TIME OF INJURY Month. Doy, 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m. Not while of work of work p m 19\_6/that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at\_\_\_\_\_M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 220N. MANKeT Frederick PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Frederick Md Fairview 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous DATE MAY 2 2 161 Frederick, Md



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If ansitutions Residence before admission] a COUNTY H Fraderick MARYLAND Maryland Frederick
c. CTY OR TOWN (If outside corporeta limits, write RURAL and give nearest lown) b, CITY OR TOWN (if outside corporete l'mits. e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural Jafferson d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tail give street address) F 2 711M papers. 3. NAME OF 4. DATE DECEASED (Typa or print) DEATH Robert 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED AGE (In years IF UNDER I YEAR B. DATE OF BIRTH last birthday) Male WIDOWED [ 10a, USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas attending Clifford Samuel Smith Viola May Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yas, no or unkown) (!fyasgivawarordalesofserv'ca) Mrs.Laura Smith, Rural, Jefferson, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I, DEATH WAS CAUSED BY. Pulmonary Thrombosis IMMEDIATE CAUSE (a) DUE TO Congestive Heart Failure gava rise to immadiate causa DUE TO (a), slating the underlying Obesity PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 208 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While Hour a.m. et work al work 21. I certify that (I) (this hospital) attended the deceased from March .6. to May 18 ...., 19...61that (I) (we) last 220 SIGNATURE ATTEMBING DIRECTOR PHYS. PHYS. PUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death.
TO FUNE C.T.Byron Kao, M.D. 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) ourial Jofferson, Maryland St. Pauls Lutheren 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Brunswick Maryland

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES F NO

1E LINDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

min.

19. WAS AUTOPSY PERFORMED? NO T

U.S.A.

Monthsi

arily S. Krous



5631

PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIF

ICA	TE OF DEATH
AND	2. USUAL RESIDENCE (Where deceased lived of STATE Haryland b COUNTY Frederick
NE 1b	CITY OR TOWN (If putside corporate limits, write RITRA) and give peacest fown)

· COUNTY Frederick MARY b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY RURAL and give mearest town)
Frederick L Days Frederick-Rural RD#5 d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
Frederick Memorial Hospital d. STREET ADDRESS ON A FARM? Bowers Road YES NO SPECHT ALONZO: NAME OF Middle 4. DATE Manth OF DEATH OLON2A SPIBCH (Type or print) May 1961 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE ( n years FUNDER LYEAR FUNDER 24 HRS lost birthdoy) Months Days Hours 12 Sept 1896 White Male WIDOWED F DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Oil Company USA Truck Driver Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie E. Specht Unknews 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown)
Yes-Mexician Border Mrs. Lafaesta C. Specht (Same as item #2) 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN

l	PART I, DEATH WAS CAUSED IMMEDIATE CAU		d Necto	sugmend	ONSET AND DEATH
l	154X DU	JE TO		0	
	gove rise to immediate	(b) UE TO (c)	4		
	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	D SEASE CONDITION GIVEN IN PA	RT I(o) P WAS AUTOPS PERFORMED? YES NO [

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port L or Port L of item 18)

CAL 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) WED Hour o. m. While Not while of work of work

21. I certify that (1) (this haspital) attended the deceased fram. 1258. to May 15 \_\_, 19.5(\_, that (I) (we) lost saw the deceased alive an May 15 \_\_\_\_\_1961, and that death occurred as A.M. from the causes and an the date stated above.

220 SIGNATURE 22b DATE May 1961 SIGNED ATTENDING. M.D. DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS

NAME (Type

230 BURIAL, CREMATION, 1 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Burial (Specify) Mount Olivet Cemetery Frederick, Maryland 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR

M. R. Etchison & Son, Frederick, Maryland

arthur S. Kinus

(Stote)

VR A15 (4) 15M 9/59

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certificate has been si e as the burial-transit cremotion,

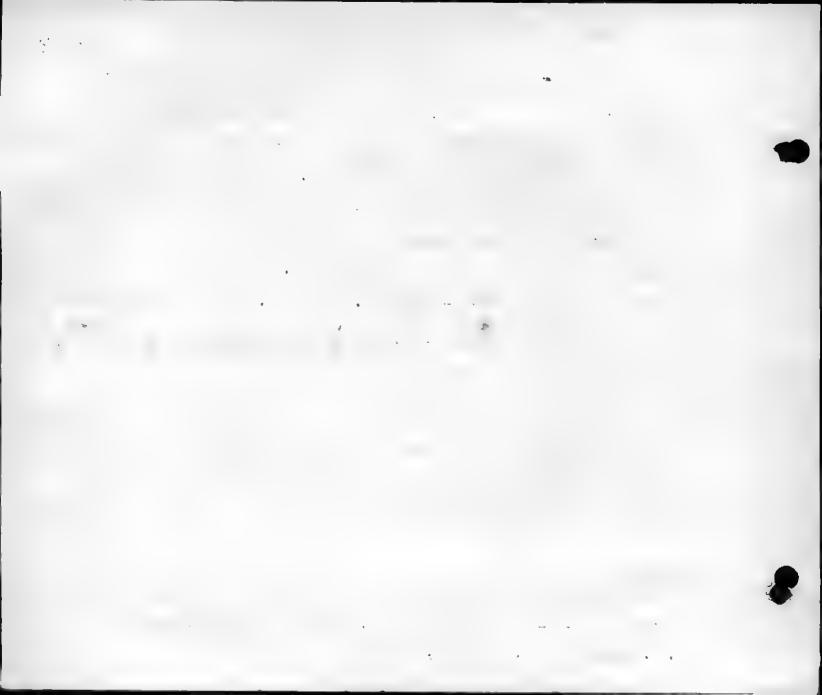
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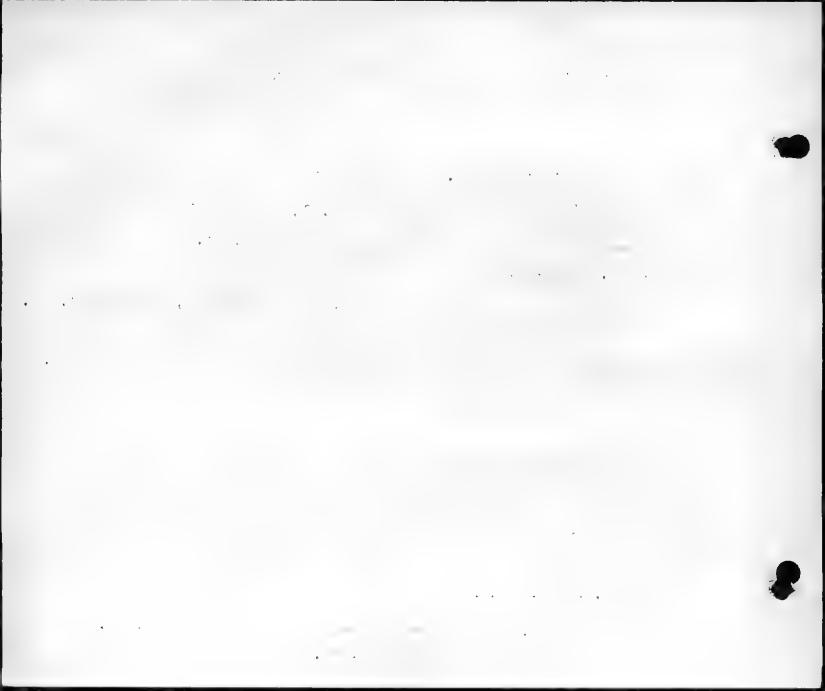


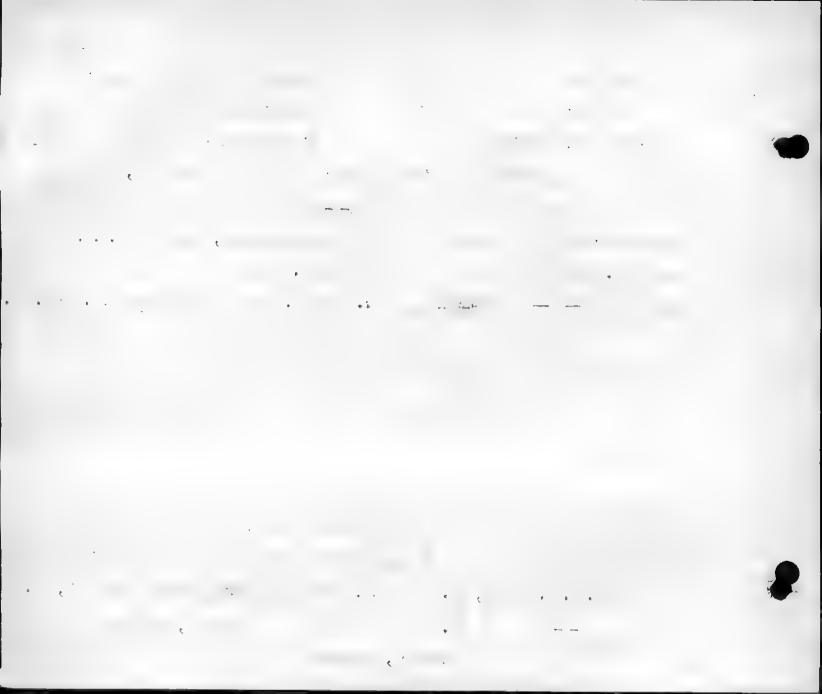
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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		0000		CLR	111107	TIL OI I	<i></i>	•	Re	g. Dist.	No. UU (	041
11	LACE OF DEATH	ederick		M	ARYLAND	2. USUAL RESI	DENCE (Wh	nere deceased live	d If institution: f b. COUNTY F	rede	efore odmis rick	sion)
ŀ	RURAL and give ne	orest town)	, write o	LENGTH OF ST	AY IN 1b	, c. CITY OR	TOWN (If o	ulside corporate	limits, write RURA	L ond give	nearest town	r)
	OR INSTITUTION	AL (If not in hospital, giv	re street od	dress)		d. STREET	ADDRESS				ON A	A FARM?
- 1	NAME OF DECEASED Type or print)			W.				4. DATE OF DEATH	Month Ma	y 2	O O	Year 19 61
5. 5	EX	6. COLOR OR RACE	7. MARRIEI	NEVER MA	RRIED 🔲	B. DATE OF BIRT	Н	9. A				V
_1	Male	White	WIDOWED	DIVO	RCED 🔲	Feb.	1. 1		53 yrs.	inths Do	ys Hours	Min
100	USUAL OCCUPATIO	N (G ve kind of work do	one 10b Ki	ND OF BUSINES	S OR INDU		ACE (State	or foreign countr	y)	2 CITIZEN	OF WHAT	EOUNTRY?
						Nev	Mar	ket, Mo	a.	1	USA	
13.	FATHER'S NAME								·			
	Rov L	. Sponsel	ler			07	llie	Wolfe				
1S. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORC	ES? 16. SC	OCIAL SECURITY			lan S	ponsel	Address ler, Ne	w Ma	rket,	, Md.
	18. CAUSE OF DEA	TH [Enler only one cou	se per line	for (a), (b), and	(c).]							
	PART I. DEAT	TH WAS CAUSED BY:	Met	astatic	tumor	of bra	'n			(	2-3	months
	Conditions it of	DUE TO	Pr	imary m	aliens	nt tumo:	r of l	lung			l yea	ar •
	gove rise to in	nmediole ( DUE TO										
	couse (a), stating t lying couse last	ne under-										
ATION	PART II OTH		TIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CO	NOITION GIVEN	N PART 1(	PERFC	DRMED?
CERTIFICATION	20a ACC DENT WAS	S UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCR	BE HOW INJUR	Y OCCURRE	Enter noture o	of injury in 1	Part I or Port II o	fitem 18)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Y Month, Day, Year	While	Not while					own)	(Cour	nty)	(Stofe)
							TTEO	M, fram the ADDRESS (Street,	causes and a	in the d	ate states	deceased d above. TE SIGNED
	PHYSICIAN'S NAME (Type)				-							
_	BUR AL, CREMATION REMOVAL (Specify)		'	22c NAME OF C	EMETERY O	R CREMATORY					1 -	te)
	urial		1961	Ne	и Ма	rket						
23	FUNERAL DIRECTOR'S	RESOURCE IN U. S. ARMED FORCES?  CAST DEATH [Enter only one course per line for (s), (b), and it do dead one of the one o										
C32												





H

VR A15 (4) 1SM 9/59

5634

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICAT	TE O	F D	EATH	

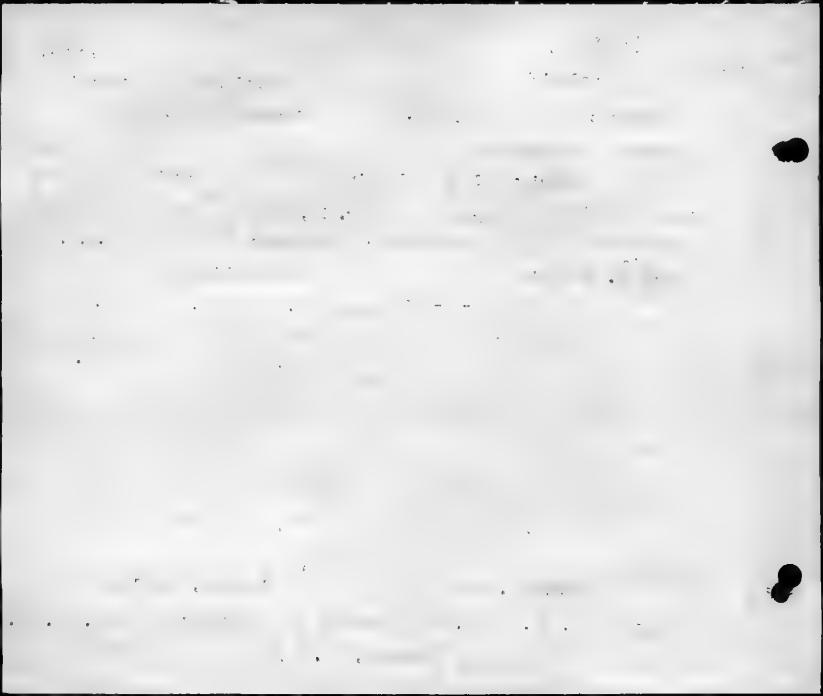
	CERTITOR	TE OF DEATH	
1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased I ved o. STATE Maryland	If institution Residence before ddm sslot) b COUNTY Frederick
b CITY OR TOWN (If outside corporate RURAL and give negrest town) Braddock Heights	Since 4/4/61	TT	mits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospite OR NST TUTION Convalesce	-	d. Street Address 606 East Patric	ck Street e IS RESIDENCE ON A FARM?
3 NAME OF DECEASED (Type or print) AU	First M ddle IGUSTUS CHARLES	TYERYAR 4. DATE OF DEATH	Month Day Year 19 61
5 SEX 6 COLOR OR RA White	WIDOWED DIVORCED	10 Nov 1890	O yrs. Months Doys Hours Min.
Owner & Operator	ired)	ctor Pearl, Md.	USA
13. FATHER'S NAME			
Rudolph Tyeryar		•	
1S WAS DECEASED EVER IN J. 5. ARMED (Yes no. or unknown) (If yes give war or dates  WWI	of service: 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		ar (Same as atem #2)
18. CAUSE OF DEATH [Enter only one	e couse per line for (o), (b), and (c).]	<b>A</b> . 4	INTERVAL BETWEEN
Conditions, if ony, which	(b) It Man Stanton	um Shuan	6 smith
CATIC		T NOT RELATED TO THE TERMINAL D SEASE CON	PERFORMED?
OR CONTRIBUTING CAUSE OF DEA	TH 20% DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part I or Part I) of	item 18.)
☐ Hour o.m.	White Not white fo	ACE OF INJURY (Home, form, 20f (City or to ictory, street, office bldg., etc.)	wn) (County) (State
saw the deceased ofive on.	tol) ottended the deceased from.	death occurred 8:50AM, from the	(uz 12, 1961, that (i) (we) locauses and on the date stated above
220. SIGNATURE	CITY OR TOWN If outside corporate limits, write RURAL and give necrest town		
A LA ALE AV	Stone, M. D.		derick, Md.
230. BURIAL, CREMATION, 236 DATE THE REMOVAL (Specify) 5-15-			
24 FUNERAL DIRECTOR'S SIGNATURE &	Son, Frederick, Mary	land 250 REC'D BY REGISTRAR	

DATE

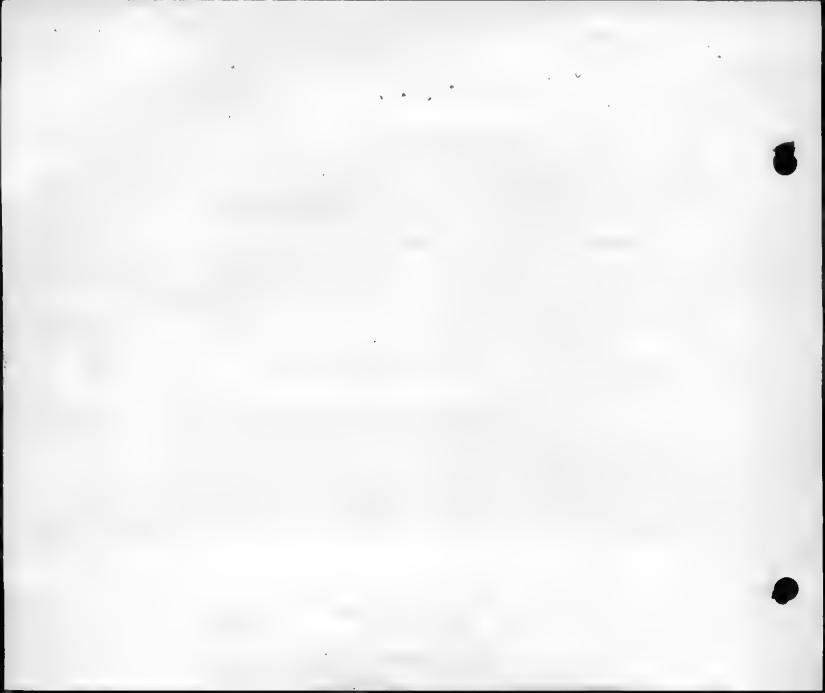
minus S. Henres



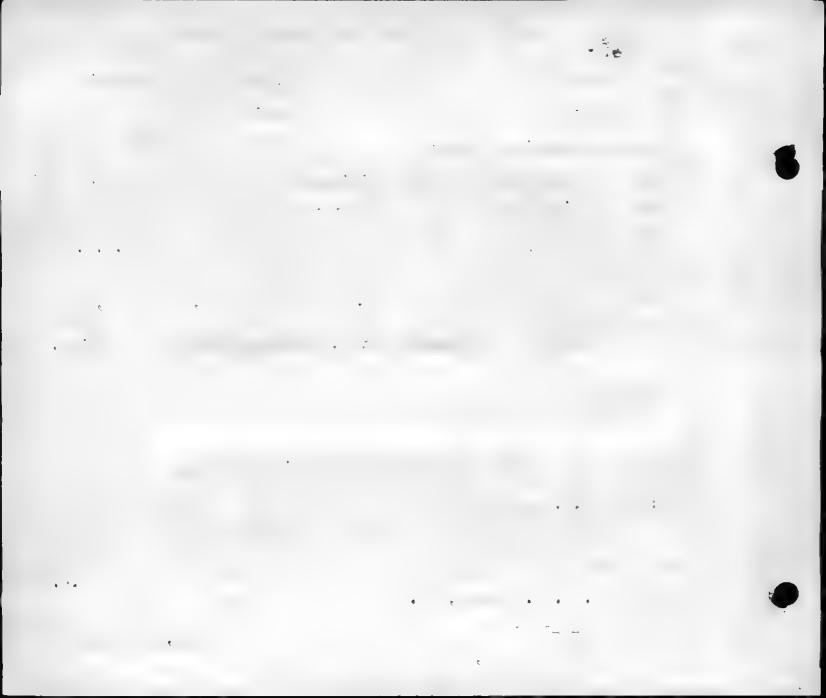
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 5636 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission COUNTY o STATE filed 6 COUNTY MARYLAND Funeral b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town shauld 1 d NAME OF HOSPITAL IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM YES NO NAME OF Day Year OF DEATH fille Ma (Type or print) Pages 196 JNDER I YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED IN NEVER MARRIED B DATE OF 9 AGE (In years lost birthdoy) Months Days WIDOWED F УГ5 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if ret red) La Mimora Witv pup Johns hopkins 13 FATHER'S NAME physician 50 MARGARET ELLZALZTH WHITTA. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions if only, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? burial-tr YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg, etc.) Hour o m While Not while of work p. m. May 1961, that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased from 128 May May 1961, and that death accurred at 11/2/fram the causes and an the date stated above saw the deceased alive an 22o SIGNATURE ATTENDING M.D. DIRECTOR -PHYS 22c PHYSICIAN'S 22d./ADDRES NAME (Type) FUNER OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. LOCATION (Citys.town, or 0 25h. REGISTRAR'S SIGNATURE PERAL-DIRECTOR'S SIGNATURE 250. REC'D REGISTRAR 1SM 9/59



, 1	Item 20 Film 28 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	5637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No. U 5626
BEALTH DEPT.	PLACE OF DEATH o. COUNTY FREDERICK  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE Maryland b. COUNTY Frederick
of Head	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fawn)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fawn)
irect ord o	Frederick Brunswick  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
Book	Frederick Memorial Hospital 310 Petersville Road YES NO.
State	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year
t he s	(Type or print) Charles Luther Wigington DEATH May 3, 1961
may be	5. SEX  6. COLOR OR RACE  7. MARRIEDS NEVER MARRIED 8. DATE OF BIRTH  9. AGE   In year   IFUNDER IYEAR   IF UNDER 24 HRS  White   WIDOWED   DIVORCED   11-8-1888   FUNDER 14 HRS   IFUNDER 14 HRS   Months   Days   Haurs   Min.
, one 5 pe 5 pe 5 pe 72 he	10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired]
hin i	House painter   Painting   Maryland   U.S.A.
SE SE SE	13. FATHER'S NAME Luther Wigington  14. MOTHER'S MAIDEN NAME Mary Green
File p	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address [19. no. ] [19. no. ] [19. no. ] [19. give wor or dotes of survive]   15. Lillie Wigington, Brunswick, I'd
Bir.	
and ind ind	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  The country of the co
at a lie	immediate cause (o) Practured pelvis, ruptured kidney Mins.
Seil i	Conditions, if any, which h
rr's C	gave rise to immediate couse ( [6], stating the underlying DUE TO
ning.	couse lost.
of Exo of Exo of Exo of Exo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
Medic Medic id be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED?  PERFORMED.  PERF
The w	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City er town) (County) (State)
the the prior	
OR: Pent.	opinion death resulted fram: Natural causes, Accident
d b	ACTUAL CHIEF HEDICAL CHAMBER OF DATE SIGNED
far DIN no te	ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   5.4.61
ERAL desig	EXAMINER'S NAME (Type) Dr. B. O. Thomas, Sr. DEPUTY MEDICAL EXAMINER (X)
a ho	220. BURIAL CREMATION, 276 DATE THEREOF . Tac. NAME OF CEMETERY OR CREMATORY 22d IOCATION (City town, or county) (State)
ê 7 2 °	BUTIET 2-0-1961 Refermed Knoxville Mary Jam 2  23 FUNERAL DIRECTORY SCHATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE
. A15ME	Brunswick, Maryland DAMAY 5 '61 Cithan & Kruns
101 67 31	CALLED OF CALLED A TORMA



0000	
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased it o. STATE Maryland	ived If institution. Residence before admission] b. COUNTY Frederick
	le limits, write RURAL and give nearest town)  Frederick RD 3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Brederick Memorial Hospital  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO LA
3. NAME OF DECEASED (Type or print)  JULIA Virginia WILHIDE  4. DATE OF DEATH	Month Day Yeor MAY 29 1961
Female  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B DATE OF BIRTH  WIDOWED DIVORCED May 5, 1889 1	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
Practical Nurse Md. School- Priz Maryland	12 CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME S. Newton Stull Dorothy	Miller
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT 220-30-8900 Mrs. Madeline Bow	vers Fred., Md. RD 3
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (cl.]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse last.  [Enter only one couse per line for (o), (b), and (cl.]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  CARCIWO MA (ADENO) OF THE (c)  DUE TO  [b] DUE TO  [c]	NOOMETRIUM 10 Years
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIA BETOS MELLITUS GRUNDERLYING OR CONTRIBUTING CAUSE OF DEATH III OR CONTRIBUTION CAUSE OF DEATH III OR CONTRIBUTION CONTR	VIO SCLEVOSIS YES NO [
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 420e. PLACE OF INJURY (Home, form, 20f (City a factory, street, office bldg., etc.) 4 work of work 19 at wo	r town) (County) (State)
21. I certify that (1) this hospital) attended the deceased from \$\int \frac{123}{2}  \text{. 19 6 0 ta } \frac{1}{2} \text{saw the deceased alive an } \frac{5}{29}  \text{. 19 6 0 ta } \frac{1}{2} \text{. and that death accurred attended the deceased from } \frac{1}{2} \text{. ATTENDING MED DIRECTOR } \text{. ATTENDING MED DIRECTOR } \text{. The physician s NAME (Type) Righard C. Reynolds \text{. 22d ADDRESS PE. Churc!}	staff Children by St. Frederick, Md.
Burial 6-1-61 United Brethern Cem. Thu	rmont, Md. Fred. Co.

Thurmont, Md.

'61

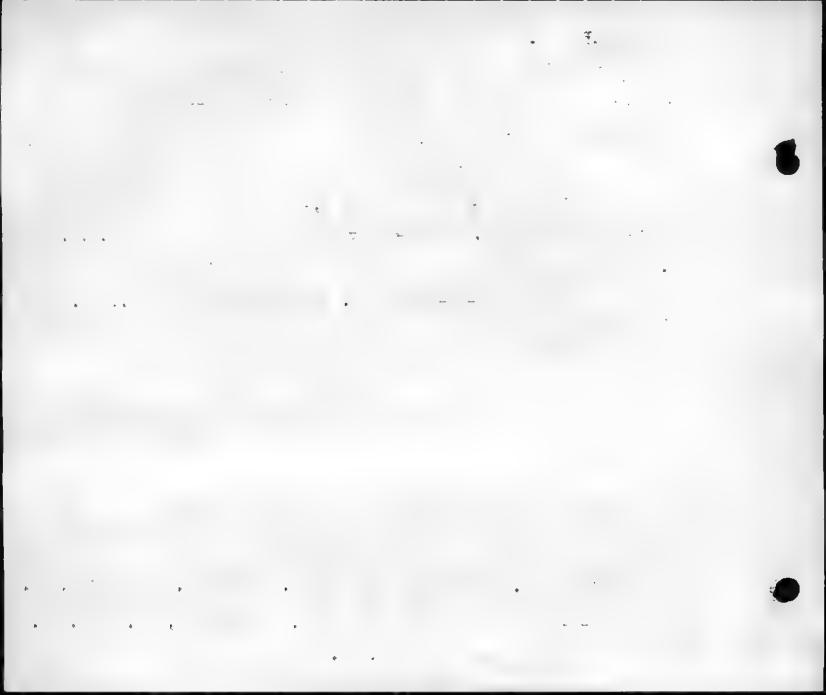
DATESUN 5

Creagn

D FUNERAL DIRECTOR: After this certificate llas been signed by the attenlling lityisian and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board at Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ed by the haspital ar attending physician. VR A15 (4) 15M 9/59

5 after death. Page 4

the attention pyrician and completely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2,3hould be filed with



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSP

VR A15 (4) 1SM 9/S9

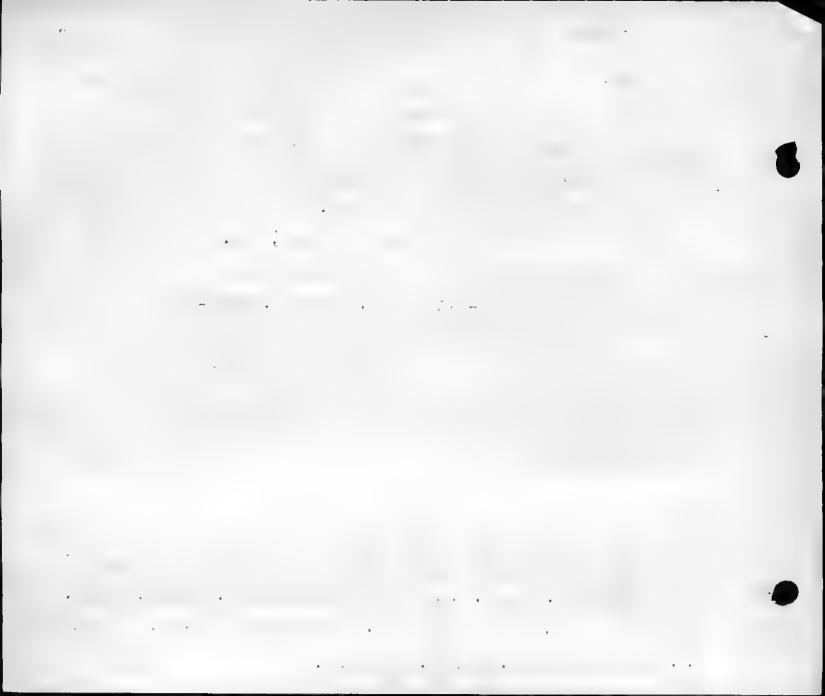
5638

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05627

1	o. COUNTY Frederic	c		MARYLAND	0 0	TATE	(Where deceased I	b COUNTY		ore admission) lerick
	Braddock	Heights		h of stay in 16 <b>Months</b>	c. (	_	(If outside corpore derick	te limits, write RL	JRAL and give ne	arest fawn)
,	NOITUTITZAI RO	At (If not in hospital, giv Convalescent		t Home	1 9	STREET ADDRES	Rockwell	L Terrac	d	on a farme.
-	NAME OF DECEASED (Type or print)	Etta First	Col	Middle	Wil	iost SON	4. DATE OF DEATH	May	th D	oy Year 19 <b>61</b>
5.	Female		MARRIED NE	VER MARRIED []	B DATE July	OF BIRTH 6,,187		. AGE (In years last birthdoy) 86 yrs	Months Days	R IF UNDER 24 HRS Hours Min
	Housewife	DN (Give kind of work do ing life, even if retired)	ne 10b KIND OF B	At Home		BIRTHPLACE (S		ntry)	12 CITIZENO	F WHAT COUNTRY
13.	FATHER'S NAME				14 M	OTHER'S MAID				
		on Green Co.					Hawkes			
171	No No	R IN U.S. ARMED FORCE If yes, give war or dales of serv	214-10-		rs. I		W. Harr	Addr i <b>s—Same</b>		#2
		mmediote (	0	(b), ond (c) ]	OF	BREA	ST		lon	TERVAL SETWEEN SET AND DEATH S-64 P12-S
CERTIFICATION	6	ENGRALIZAK SUNDERLYING   2	-0	ER105CL	-GRO	1/5			EN IN PART 1(0)	19 WAS AJTOPSY PERFORMED? YES NOVE
MEDICAL CER		S JNDERLYING   2   CAUSE OF DEATH MEDICAL EXAMINER)   Y Month, Doy, Year	20d INJURY OCC White Not you work of work of work	vh.le	PLACE OF foctory, str	INJURY (Home, eet, office bldg.,	form, 20f (City o	r town)	(County	) (Stote
	21. I certify that saw the deceas 220. SIGNATURE	t (I) (this haspital) ed alive an _ 廾 丿				19 occurred at/3	19.5.7 , ta			hat (1) (we) last e stated abave
	Vilekeer	e C Rees	notion,		M.D. PH		MED DIRECTOR	STAFF PHYS	6 Мау	1961 SIGNED
	22c PHYS CIAN S NAME (Type)	chard C.Reyr	olds. M.	D.		East C	hurch St.	Frederi	ck,Maryl	and.
1	BJRIAL, CREMAT OF REMOVAL (Specify)	May 8,196		ME OF CEMETERY				on (City town, o	/*	(Stote) Maryland
24	FUNERAL DIRECTOR	S S GNATURE	ADD	RESS			REC'D BY REGISTRA		TRAR'S SIGNATU	
M.	R.Etchisor	& Son. 106	E. Church	St. Frede	miok	MA DATE	MAY 9 '6'	1 a	thus S. The	und.



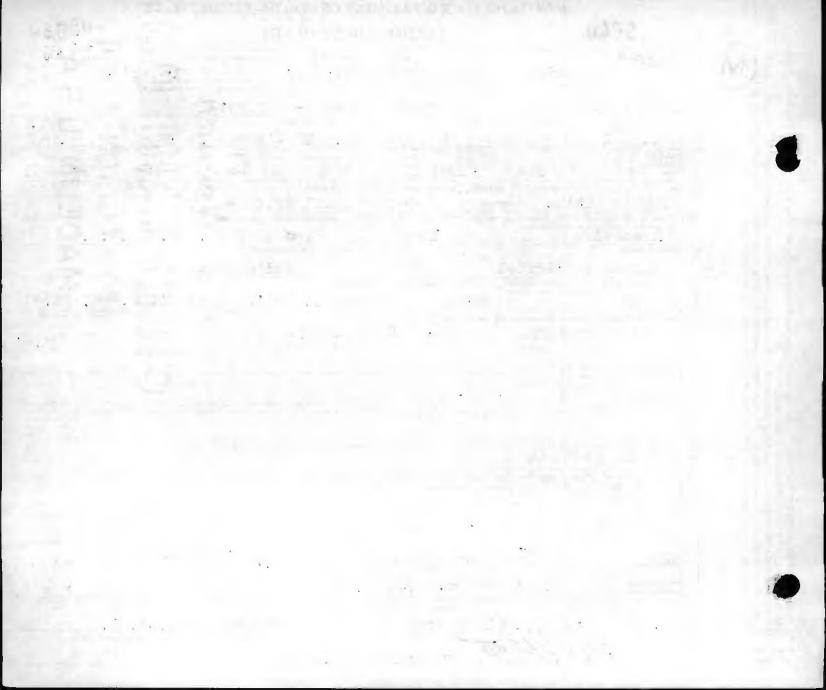
# VS A15 (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5640			CERTIF	ICA	ATE OF D	EATH	i		Reg. D	ist. No.	096	85
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYL	AND	A STATE		ere deceased liv	b. COUNTY	on: Reside	nce befor	re odmiss	sion)
b. CITY OR TOWN (IF outs	ide corporate limi	its, write	c. LENGTH OF STAY IN	ч 1ь			utside corporate				rest town	n)
RURAL and give nearest Rural - Mye	rsville	€	60 years	3	Rumal - Myersville							
d. NAME OF HOSPITAL (IF OR INSTITUTION ROute # L	not in hospital, g	give street	oddress)		d. STREET AD		seman	Road	1		e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fig.		WINFIELD		WOLFE		4. DATE OF DEATH				00	Year 19 61
S. SEX 6. C	OLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9.	AGE (In years				1
female   w	hite	WIDOW	/ED DIVORCED		April	17,	1884	77 yrs.	Months	Days	Haurs	Min.
IOo. USUAL OCCUPATION (G during most of working li	ive kind of work	dane 10b	KIND OF BUSINESS OR	INDUS	TRY 31. BIRTHPLA	CE (State	or foreign count	ry)	12. CIT	IZEN OF	WHATC	OUNTRY
housewif	e	'	own home		Fr	eder	ick Co	Md.	U.	S.A		
3. FATHER'S NAME					14. MOTHER'S A	MAIDEN N	AME					
Thomas I	. Winf:	ield				Ell	en Kir	183				
IS. WAS DECEASED EVER IN L	J. S. ARMED FOR		SOCIAL SECURITY NO.	11	FORMANT			1000	ress			
no	give war or doles or s		none	Al	bert C.	Wol	fe. My	rersvi	lle.	Md	. Ri	t.#1
Conditions, if ony, we gave rise to immed couse (a), stoting the use lying couse lost.	DUE TO	)	rterii	S	clerv	rag					3-d	aye
PART II. OTHER SIGNATURE S	GNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before b. COUNTY and b. COUNTY and Frederick  YLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before b. COUNTY and Frederick  YLAND  2. STATE MATY and b. COUNTY and Frederick  C. CITY OR TOWN (If outside corporate limits, write RURAL and give near RS RUBAL - Myers Ville  d. STREET ADDRESS  Rt. # 1 Wiseman Road  E Lost J. DATE Month Day  WOLFE J. DATE Month Day  PACE (In years last birthday)  April 17, 1884  PACE (In years last birthday)  FOR INDUSTRY 11. BIRTHPLACE (State or foreign country)  PERFORMANT SAIDEN NAME  Ellen King  D. INFORMANT Address  Albert C. Wolfe, Myers Ville, Md.  INTERONSE  ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19  DCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) factory, street, office bidg., etc.)	PERFO	AUTOPSY RMED?						
200. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	DERLYING AUSE OF DEATH CAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURREC	). (Enter noture of	injury in F	ort   or Part	ved. If institution: Residence b. CPUNTY de ric! climits, write RURAL and give like Road  Month May AGE (In years If UNDER 1' last birthdoy) 77 yrs. dos' birthdoy! Vers Ville O. Md. U.S  Address Vers Ville of item 18.)  Town)  (Con  (				
20c. TIME OF INJURY Me Hour o. m. p. m.	onth, Day, Ye	While						town)	(	County)		(Stote
21. I certify that I alive an Mac	attended the	decease _, 19.0	//		2, 19 <u>6/</u> , accurred at		M, fram the	causes an	d an th		stated	
PHYSICIAN'S NAME (Type)	J	E1.	mer H	AR	þ	:				7	726	
220. BURIAL, CREMATION, 23 REMOVAL (Specify) Burial	1	1961	22c. NAME OF CEMET	ERY OI	CREMATORY	На				d.	(Stat	e)
23. FUNERAL DIRECTOR'S SIG	NATURE 9	1	ADDRESS								RE	

Myersville

Orthur S. Krous



5641

E. Wilson

		V 2 2									
1. PLACE a. COI		derick		MAR	YLAND 2.	USUAL RESIDENC		d lived. If institut b. COUNTY	· .		
RUR	Y OR TOWN (	If outside carparate limi	ls, write	c. LENGTH OF STAY		c. CITY OR TOWN		prote limits, write		erick	
d. NA		mitsburg, TAL (If not in hospitol, g	ive street		ars	d. STREET ADDRE	- Emmitsl	mrg, (	1	0	RESIDENCE N A FARM?
		R.D.#1				R.I	).#1			YES	SIN NO
3. NAME DECEA (Type	OF ISED or print)	Ethel.	st	Lavada		lost Wood	4. DATE OF DEATH	May Mo	nth	Day 16.	Year 1961
s. sex Fema	al e	6. COLOR OR RACE	7- MARI	RIED NEVER MARR		ate of Birth bruary 1	6. 1888	9. AGE (In years lost birthdoy) 72 yrs.	Months E	YEAR IF U	INDER 24 HR
10a. USU. durin HC	AL OCCUPATION	ON (Give kind of work king life, even if retired		own home	OR INDUSTRY	11. BIRTHPLACE	(State or foreign o			EN OF WH	AT COUNTRY
	F74	na Walamtin				36.7	forest a TT-U	7			
S WAS		as Valentin		SOCIAL SECURITY NO	D. 17. INFO	MANT	laria Wet		dress	-	
(Yes, no, or	unknown)	(If yes, give war or dates of v	ervice)	14-28-5708		Merle Kei	lholtz,	Emmitsbu	irg, R.	D.#1,	Md.
gov	nditions, if one rise to it is	the under-	)	rterios é	112		X =			1(o) 19. W	AS AUTOPS
20a. OR C	ACCIDENT W.	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED. (E	nter noture of inju	ery in Port I or Po	rt II of item 18.)			по[
-	Od. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  FEITHER, NOTIFY MEDICAL EXAMINER)  OC. TIME OF INJURY Month, Day, Year  Hour o. m.  19  While Not while of work o							(Co	ounty)	(Stot	
		at (I) (this haspital	) attend	. 1 60 1		h accurred at	230 ta	the couses a			(I) (we) la ited abav
220.	SIGNATURE	WRE	ed	le	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	May	17,	1961
	PHYSICIAN'S NAME (Type)	Dr. W. R. C	adle			22d. ADDRESS Emmitst	ourg, Man	yland			
REM	IAL, CREMATIC OVAL (Specify		1961	23c. NAME OF CEA				TION (City, town,			(Stote)
	THE RESERVE OF THE PARTY OF THE	'S SIGNATURE	1701	ADDRESS	t Inch		REC'D BY REGIS		ISTRAR'S SIG		7 7 7 7 7
1	1160	William	()	Emmitsbu	rg, Md	DAT	E MAY 1 9	'61	arthur S.	Krains	

TO HOW ALOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2 mrs after death. Page 4 may an executed by the haspital or after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

its ofter death. Page 4

